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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

THE WOUNDED HEALER: A PHENOMENOLOGICAL
STUDY OF THE EXPERIENCES OF
COUNSELORS-IN-TRAINING WITH
COMPLEX TRAUMA HISTORIES

A Dissertation Submitted in Partial Fulfillment
Of the Requirements for the Degree of
Doctor of Philosophy

Jesseca Leigh Manson

College of Education and Behavioral Sciences
Applied Psychology and Counselor Education
Counselor Education and Supervision

December 2019

This Dissertation by: Jesseca Leigh Manson

Entitled: *The Wounded Healer: A Phenomenological Study of the Experiences of Counselors-in-Training with Complex Trauma Histories*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in the College of Education and Behavioral Sciences in the School of Applied Psychology and Counselor Education, Program of Counselor Education and Supervision.

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ABSTRACT

Manson, Jesseca Leigh. *The Wounded Healer: A Phenomenological Study of the Experiences of Counselors-in-Training with Complex Trauma Histories*. Published Doctor of Philosophy dissertation, University of Northern Colorado, 2019.

Thirty percent of the general population report one or more traumatic experiences (National Council for Community Behavioral Healthcare, 2019), and samples of mental health professionals report rates of traumatic experience as high as eighty percent (Pearlman & Mac Ian, 1995). Research on the neurobiological effects of trauma highlights the possibility of a trauma history uniquely impacting counselors-in-training (CITs) in their professional development and counseling work. This study focused on understanding the experiences of counselors-in-training (CITs) with complex trauma histories.

Complex trauma is defined as a form of trauma that is chronic in nature and/or timing- specifically, an event perceived as threatening or deadly that occurs repeatedly to the individual and is often perceived as or is inescapable for that individual (Ford & Courtois, 2013). The symptoms of complex trauma may include those listed above, but also often include neurobiological changes that influence interpersonal symptoms such as withdrawal from social supports, distrust in others or the world, and maladaptive attachment patterns (Perry & Szalavitz, 2006).

Across the helping professions (e.g. counseling, social work, psychology, and nursing) researchers have considered the impact of helper trauma history on client care (Ghahramanlou & Brodbeck, 2000; Ortlepp & Friedman, 2005). The correlation between

trauma history and risk for vicarious trauma, secondary traumatic stress, and burnout has been examined in several studies (Boscarino, Figley, & Adams, 2004; Conrad & Kellar-Guenther, 2006; Ghahramanlou & Brodbeck, 2000; Jenkins, Mitchell, Baird, Whitfield, & Meyer, 2011; Ortlepp & Friedman, 2005). While many researchers hypothesize a connection between a history of trauma and risk for impairment (Jenkins et al., 2011; Michalopoulos & Aparicio, 2012), only a few of the studies show a significant positive correlation between the two. Despite these mixed findings, researchers have not further examined counselors with trauma histories from another lens, and the counselor education and supervision literature does not specifically examine trainees. The literature is currently lacking exploration of such topics as counselors' perception of their experiences in counselor training as survivors of trauma, their perceived challenges and strengths, and how they believe supervisors can assist them in the process of their development as counselors.

In this phenomenological study of counselors-in-training with complex trauma histories, participants ($N = 9$) described four core groupings of characteristics that define the experience of these CITs: Experiencing Complex Trauma, Healing from Complex Trauma, The Impact of Complex Trauma on the Person of the Counselor, and the Education Experience. In experiencing complex trauma, participants described themes of Trauma is Never Done, Continued Contact with the Trauma System, Trauma and Part of the Personal and Professional Self, Questioning Normalcy and Effectiveness, and Feeling Alone. In Healing from Complex Trauma, participants described Meaning-Making and Attending Individual Counseling. In describing the Impact of Complex Trauma on the Person of the Counselor, participants identified the Desire to Provide Clients What One

Did/Did Not Receive Emotionally, The Desire to Work with Clients Who Have Experienced Trauma, the Use of a Humanistic Orientation/Humanistic Characteristics in Approach, the Use of or Valuing of a Holistic/Somatic Approach, and Perceptivity/Empathy as Strengths Attributed to Traumatic Experiences. The Education Experience was marked by themes of Interactions with Faculty, Instructors, and Site Supervisors, Interactions with Colleagues, Influential Courses, Influential Assignments, and the sub-grouping of Considering Disclosure. Implications for Counselor Educators include the incorporation of trauma-informed approaches to education and supervision, modeling clear communication and boundaries for trainees, and advocating for CITs with complex trauma histories in the institution.

ACKNOWLEDGMENTS

I've learned recently that it takes a village to raise a child and a community to finish a dissertation – neither are easy feats and require love, dedication, and perseverance from oneself and the people surrounding them. I'm so thankful for the people who were a part of my journey in helping me to complete this project and earn my PhD – I would not have survived this process without each and every one of you.

To my committee, Dr. Jennifer Murdock Bishop, Dr. Danielle Kahlo, and Dr. Angela Vaughan – from the bottom of my heart, thank you. I look up to each of you for different reasons, and being surrounded in this process by a community of strong and authentic women is a privilege. I appreciate the time and intention you put into reviewing my proposal and dissertation and the suggestions each of you made to improve the quality of my work. I'm so grateful to have shared this process and parts of my personal and professional life with each of you. Thank you for guiding me in this journey and modeling to me what it means to be an exceptional educator.

To Dr. Heather Helm, my advisor and mentor – thank you for encouraging me to pursue this topic that is so true to my heart. You knew that this would be an enormous undertaking, and your encouragement emboldened me to fight through the emotional and logistical difficulties of the research. Through your attention to detail and insistence on a quality product, you helped me to create a dissertation that I am truly proud of. I can't count the number of times I arrived to your office flustered and overwhelmed to leave feeling refreshed and determined thanks to your guidance and genuine kindness. Thank you, thank you, thank you!

To my colleagues who were elemental in my personal and professional process. Michael, Dave, and Sav, I wouldn't have survived the last four years without you – The multitude of coffee and dinner dates, hours writing, more hours discussing ideas, and relentless encouragement of pursuing what is true to our hearts made my doctoral experience what it is. Thank you for always being in the arena with me. Your feedback will always mean the most.

To my research team, Savannah and Evan, thank you for helping me to ensure a quality product. The time and intention each of you put into this research speaks volumes about your care for the participants and doing justice to a topic that is so important to me. Sav, I'm so lucky to have a fellow researcher on this project who values this topic so much. It was truly wonderful to share the coding process with you. Ev, thank you for being you. It was a blessing to have an auditor with whom I could confidently share very vulnerable pieces of myself. Thank you for holding that information close and providing me authentic and challenging feedback to incorporate into the research process.

To the participants of this study - Penelope, Daisy, Grace, Hallie, Angie, Miriam, Katie, Clark, and Jack: Thank you for your courage in coming forward to share your experiences. You are the true advocates for other counselors of similar backgrounds, and without telling your stories, I could not begin this work. I hope that I have given voice to your experiences in a way that advocates for you and other counselors-in-training with complex trauma histories, and that the results of your interviews will inspire innovations in the practices of Counselor Educators.

To my mom. I am relentless, strong, kind, authentic, and loving because I am a reflection of you. Every degree I was convinced that I couldn't achieve, you were there,

adding on another job to help pay for my tuition and reminding me of who I was and why I could do it. Here we are, four degrees later. This is yours as much as it is mine. Thank you for the hugs, dinners, coffees, late night drives, tears, encouragement, watching Kai while I worked, and most of all, for hearing my story. I love you.

To my son, Kai. Thank you for giving me a chance at a new path. I will likely never be able to convey to you how much you are a part of my journey and healing, and the absolute joy that you bring into every day. Carrying you during my interviews and having you by my side as I graduate is the greatest privilege of my life. The late night snuggles reminded me that there is life outside of the writing process, and your smiles reassured me in a way that no one else could. I love you from the bottom of my heart.

To my husband Bryan. Thank you for coming on this crazy journey with me. You were always in the arena with me and supported me through every up and down of earning my PhD. Most of all, you honored my dreams and refused to let me give up on myself. Thank you for the love and laughter, sharing my tears and frustration, keeping me sane, and all of the smallest and largest things you did to keep me moving toward this goal. Thank you for sharing parenthood with me and running wild with our dreams. We did it. You are my best friend, and I love you so much.

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CHAPTER I

INTRODUCTION

Introduction

Thirty percent of the general population report one or more traumatic experiences (National Council for Community Behavioral Healthcare, 2019), and samples of mental health professionals report rates of traumatic experience as high as seventy percent (Pearlman & Mac Ian, 1995). Symptoms of trauma may include such physical symptoms as increased base heartrate, night terrors, and ‘numbed’ affect (van der Kolk, 2014); emotional effects including intrusive thoughts and difficulties with emotional regulation [American Psychiatric Association (APA), 2013]. Complex trauma is defined as a form of trauma that is chronic in nature and/or timing- specifically, an event perceived as threatening or deadly that occurs repeatedly to the individual and is often perceived as or is inescapable for that individual (Ford & Courtois, 2013). The symptoms of complex trauma may include those listed above, but also often include neurobiological changes that influence interpersonal symptoms such as withdrawal from social supports, distrust in others or the world, and maladaptive attachment patterns (Perry & Szalavitz, 2006). The Council for the Accreditation of Counseling and Related Educational Programs ([CACREP], 2015) calls for the competency of counselors in working with traumatized clients; simultaneously, CACREP calls for counselor educators to provide appropriate support to assist counselors in overcoming issues of countertransference and development which may hinder the provision of ethical and effective services to clients.

Currently, researchers have studied the correlation between trauma history and risk for impairment for individuals working in the helping professions (Boscarino, Figley, & Adams, 2004; Conrad & Kellar-Guenther, 2006; Ghahramanlou & Brodbeck, 2000; Jenkins, Mitchell, Baird, Whitfield, & Meyer, 2011; Ortlepp & Friedman, 2005). Of the various studies conducted on risk of vicarious trauma, secondary traumatic stress, and burnout, findings are mixed in favor of and against the correlation between trauma history and impairment risk. Further investigation of the experiences of helpers with a trauma history has not occurred. While professionals in the field currently place a focus on symptom awareness and management for clients who have experienced one or more traumatic events, counselors and counselor educators may benefit from a comprehensive examination of the effects of complex traumatic experience on the training experiences of counselors.

This study investigated the professional training and education experiences of counselors-in-training (CITs) with a personal complex trauma history. My intent was to create a starting point to understand CIT experiences in counselor preparation as they relate to CIT complex traumatic experiences from the CITs themselves. From this information, I highlight CIT needs for education, training, and supervision as they benefit client services and the counselor's well-being and development.

Background and Context

An increasing number of individuals have reported experiencing a traumatic event (Substance Abuse and Mental Health Services Administration-Health Resources and Services Administration Center for Integrated Health Solutions [SAMSHA], 2014). Historically, mental health counselors have participated in research and treatment

innovations designed to assist clients in healing from traumatic experiences. Trauma affects individuals of all ages (van der Kolk, 2014) and may be intricately related, by nature of the incident, to intersecting identities of survivors, including race, ethnicity, gender identity, gender expression, sexual and or affectional identity, cultural identity, and religious or spiritual identity (van der Kolk & McFarlane, 1996). Trauma treatment may target the reduction or alleviation of a variety of symptoms, including intrusive memories of the traumatic event, hypervigilance, sleep disturbances, withdrawal from relationships, and alterations in worldview or world schema, among others (American Psychiatric Association [APA], 2013). The experience of symptoms and their severity and duration is unique to each individual and may correlate with such factors as age, nature of the traumatic experience, length of exposure to traumatic experience, previous exposure to trauma, and support, among others to increase or decrease posttraumatic symptoms and ability to cope. Researchers across mental health professions continue to expand the knowledge and contribute to the literature on the treatment of individuals experiencing, or having experienced, trauma.

While counselors have traditionally focused on treating trauma in clients, research suggests that many counselors have experienced trauma, with this number being even higher with counselors who work with trauma survivors (Pearlman & Mac Ian, 1995). It is unclear in the literature whether this is due to the potentially traumatizing nature of this clinical work or because these counselors gravitate toward helping others to heal from trauma. Counselors are not immune to trauma symptomology. Counselors may even experience similar types of traumatic experiences as their clients, as is noted in research

on natural disasters and community violence (Finklestein, Stein, Greene, Bronstein, & Solomon, 2015; Lev-Wiesel, Goldblatt, Eisikovits, & Admi, 2009).

As early as 1966, Jung, the father of psychological analysis, mentions the archetype of the wounded healer, a doctor of greek mythology seeking to heal the same wounds he experiences in his patients (1966). Jung noted that mental health professionals may experience the same need to heal their own deep wounds through healing others. Years later, pastoral counselor H.G. Nouwen wrote about the calling of the wounded healer to connect to a 'lost generation' by tapping into personal woundedness (1990). This may have been the start of the examination of counselors with trauma histories. Currently, the literature is focused on the effects of trauma on the work of counselors; however, the current literature is limited to the examination of impairment risk. Further detail of the current literature will be discussed in Chapter II. The known effects of trauma on humans and the limited research on the effects of trauma on counselors and counselor training represents a gap in the literature in which it may benefit counselor educators to understand more about the experiences of CITs with a complex trauma history. This study is a beneficial addition to the current literature on this particular group of counselors.

Counselor educators are ethically mandated not to provide counseling to their trainees (Association for Counselor Education and Supervision [ACES], 2011). While educators are not counselors to their supervisees, they are tasked with ensuring that trainees receive adequate education and support to be effective counselors. When CITs come into training with a trauma history, they may also experience continued symptoms that effect or relate to their professional development and their ability to provide effective

services to clients. In the following paragraphs, the available literature on trauma symptoms and counselor impairment will be presented in support of the importance of addressing counselor trauma from an education and supervision perspective.

As the American Counseling Association (ACA) ethical codes for counselors and supervisors (ACA, 2013) and CACREP standards for counselor education (CACREP, 2015) were created for counseling and counselor training, counselor educators receive guidance on the expectations of professional organizations for counselor supervision and training related to trauma. Through the CACREP standards for training competencies, counselor educators were called to ensure that CITs receive education about trauma, its effects, and treatment. The ACA's advisement for competency in practice calls for counselors to ensure their personal wellness through avenues of self-care and individual counseling when needed (ACA, 2013). The ACA supervisory competencies also note that counselor educators are called to evaluate CITs' ability to provide effective and ethical services to clients (ACA, 2013). Counselor educators and researchers began to examine the possibility of CIT trauma symptoms negatively affecting services to clients, specifically in regard to the impairment constructs of vicarious trauma, secondary traumatic stress, and other trauma related symptomology potentially leading to perceived impairment (Boscarino et al., 2004; Jenkins et al., 2011).

Across the helping professions (e.g. counseling, social work, psychology, and nursing) researchers have considered the impact of helper trauma history on client care (Ghahramanlou & Brodbeck, 2000; Orllepp & Friedman, 2005). The correlation between trauma history and risk for vicarious trauma, secondary traumatic stress, and burnout has been examined in several studies (Boscarino et al., 2004; Conrad & Kellar-Guenther,

2006; Ghahramanlou & Brodbeck, 2000; Jenkins et al., 2011; Ortlepp & Friedman, 2005) with mixed findings showing in some studies that mental health professionals are at greater risk for impairment, while others show no significant risk of impairment for these individuals. While many researchers hypothesize a connection between a history of trauma and risk for impairment (Jenkins et al., 2011; Michalopoulos & Aparicio, 2012), only a few of the studies show a significant positive correlation between the two. Several studies did not show a significant link (Follete, Polusny, & Milbeck, 1994; Michalopoulos & Aparicio, 2012; Ortlepp & Friedman, 2005). Despite these mixed findings, researchers have not further examined counselors with trauma histories from another lens, and the counselor education and supervision literature does not specifically examine trainees. Because supervisors should assist in the prevention of counselor impairment, it may also be important to consider how education and supervision can mediate the effect of trauma history on impairment. To better understand the needs of CITs with a complex trauma history, we must work toward further understanding of these CITs' experiences to share with counselor educators.

Statement of the Problem

Our current approach to working with and understanding CITs with a trauma history has several issues which I will address here. While researchers are interested in the effect of counselor trauma history on client care, the training experiences of counselors with a complex trauma history should to be more thoroughly explored for many reasons; specifically, the unique personality and experiential traits that contribute to counselor development, the intersection of the interpersonal nature of counseling and interpersonal conditioning that occurs for many trauma survivors, and the current

literature on counselor impairment which highlights the potential relevance of complex trauma history to counselor impairment.

Counselor training requires the examination and cultivation of both the personal and professional qualities of trainees, and one facet of counselor training relevant to CITs with a complex trauma history is the development of counselor identity. The existing literature on counselor identity examines the ways in which personal characteristics and life experiences shape the values, beliefs, and way of being of counselors. The professional behaviors of counselor trainees are influenced by personal characteristics (Maruniakova, Rihacek, & Roubal, 2017). Specifically, supervisees' beliefs about human suffering and growth, their chosen theoretical orientation and their personal working style are influenced by their personal experiences. Participants in Maruniakova et al. (2017) indicated, for example, that experiencing the death of a loved one influenced their approach and understanding in relating to clients. For many, the unexpected or untimely death of a close family member or friend would be experienced as trauma; and for counselors with complex traumatic experiences, these previous experiences may influence the development of their professional identity. This influence may relate to their perceived strengths, challenges, personal style, and approach to counseling in addition to other factors. A study specifically examining the perceived effect of previous complex traumatic experiences on personal development of the counselor-in-training would be a natural extension of the current literature.

In addition to recognizing the influence of personal experiences on their present approach and professional identities, the participants in the study described several other factors relating to their unique personalities which influenced their development.

Trainees describe leveraging natural skills attained prior to counseling in their development of a personal approach to counseling, recognizing and working with personal limits related to clinical practice, and utilizing past experience to better connect with clients (Maruniakova, et al., 2017). While the study was not focused on trainees with a trauma history, the neurobiological and behavioral effects of complex trauma may influence natural strengths and challenges for CITs. Research on posttraumatic growth (Calderon-Abbo, Kronenberg, Many, & Ososfsky, 2008), or the phenomenon of a transformational shift in worldview benefiting the client post-traumatic experience, highlights the potential for positive impact following a trauma. Given the evidence for strengths following traumatic experiences, and the effects of personal experience and personal strengths on counselor identity, it is likely that CITs with a complex trauma history perceive unique strengths related to their past experiences that influence their counseling. Simultaneously, personal challenges affect the identity and approach of counselors; and the research on individuals who have experienced complex trauma indicates challenges in interpersonal interactions (Perry, 2009). Given this, it is likely that CITs with a history of complex trauma also experience unique challenges that influence their experience of and approach to counseling. Maruniakova et al. (2017) note the fact that many CITs are already aware of these strengths and limitations, and that they desire the opportunity to receive supervisory support in navigating these unique characteristics as they influence their development. Investigation of how CITs with a complex trauma history experience their training would be beneficial in expanding on the existing literature described here.

Counseling is an interpersonal process (Wampold, 2015). Person-centered theory and common factors approaches to counseling emphasize presence and interpersonal contact as core components of client satisfaction in counseling (Rogers, 1951; Wampold, 2015). Some of the ways in which counselors may strengthen interpersonal contact are through incorporating authentic responses, sharing reactions and providing feedback (Rogers, 1961). The nature of counseling may also result in intense interpersonal experiences that impact both the client and the counselor. One example may include transference, in which the client projects emotions and beliefs related to a particular person onto the counselor in the session. Transference occurs when the client projects their feelings and subsequent interaction pattern from another relationship onto the counselor. Countertransference, or the projection of another relationship and its interpersonal dynamics by the counselor onto the client, may occur simultaneously or in response to the clients' transference in the therapeutic relationship. This occurrence may also occur in ways related to trauma for counselors with a history of complex trauma. For instance, a pattern of client transference expressed through aggression may trigger a trauma response in a counselor who has experienced relationship violence with a partner. This is just one of many trauma symptoms that may develop during the therapist's interaction with clients. Counselors' growing awareness of the effects of complex trauma on human neurobiology and behavior suggests that counselors with complex trauma histories likely have unique experiences and needs in their training environments which may best be explored by having a conversation with these individuals.

Roughly ninety percent of clients in community behavioral health report traumatic experiences (SAMSHA, 2019), and over eighty percent of clinicians working as trauma

counselors report their own trauma history (Pearlman & Mac Ian, 1995). Counselors are likely to encounter clients with traumatic material, and many counselors have experienced trauma themselves; therefore, it is important for supervisors to specifically understand what is unique about the experiences of counselors with complex trauma histories compared to their peers. To date, researchers in the field have only speculated on ways in which a personal trauma history may impact counselors. The current literature on impairment in counselors-in-training (CITs) with trauma history is divided: some of the literature shows an empirical link between trauma history and increased vicarious trauma (VT), burnout, and impairment (Kassam-Adams, 1994; Pearlman & Mac Ian, 1995), while other research shows a lack of a significant correlation (Follete et al., 1994; Michalopoulos & Aparicio, 2012; Ortlepp & Friedman, 2005). The impact of trauma history on the counselor is still largely unknown, and the current literature only examines the risk of impairment as mentioned above. After an exhaustive search of the literature in counseling, psychology, social work, and the helping professions, no literature appears to exist studying the potential for strengths unique to mental health professionals with a trauma history.

Given the natural influence of personality and experience on counselor identity and style, the interpersonal nature of both counseling and many traumatic experiences, the prevalence of trauma in the general population, and the current literature examining counselor trauma history and its relationship with impairment, a next step in the literature would be to better understand the experiences of CITs with a history of complex trauma. Maruniakova et al. note that their findings "...point to the importance of exploring counselors' experiences, assumptions, and personal philosophies during the training

phase” (p. 61, 2017). Similarly, their findings point to the need for a similar exploration of CIT complex trauma survivors.

The Gap in the Current Literature

Through survey methods, researchers have established that rates of traumatic experience are over 70 percent in the general population (Bromet et al., 2017). This is likely to be higher given that many survivors choose not to report traumatic experiences such as sexual assault due to shame, confidentiality, fear of retaliation, and victim blaming (Sable, Danis, Mauzi, & Gallagher, 2006). By extension of the rates in traumatic experiences in the general population, it is likely that mental health professionals have experienced trauma at similar rates (Pearlman & Mac Ian, 1995), and yet, research on the prevalence or experiences of counselors who have experienced trauma is limited. While the existing research focuses on counselor impairment as it relates to trauma history (Follete, et al., 1994; Kassam-Adams, 1994; Michalopoulos & Aparicio, 2012; Ortlepp & Friedman, 2005; Pearlman & Mac Ian, 1995) the literature is currently lacking exploration of such topics as counselors’ perception of their experiences in counselor training as survivors of trauma, their perceived challenges and strengths, and how they believe supervisors can assist them in the process of their development as counselors.

There is currently no estimate of the prevalence of counselors in the field with a trauma history, although previous research has revealed samples of mental health professionals reporting trauma from 30% (Michalopoulos & Aparicio, 2012) to 60% (Pearlman & Mac Ian, 1995). Researchers have not to this point engaged in an exploration of counselors with traumatic experiences to better understand how traumatic experiences may impact motivation for entering the field, training experiences, beliefs

about counseling and healing, and way of being with clients. While there is no current research examining the effects of trauma on the self-of-the-counselor, the changes in schema, beliefs, and interpersonal behaviors for many trauma survivors (Herman, 1997; Perry & Szalavitz, 2006; van der Kolk, 2014) suggests that counselor professional identity may be uniquely influenced by an individual's complex trauma history.

Research on the treatment of trauma shows positive effects for trauma survivors and mental health professionals working with these survivors (Cohen & Collens, 2013). Posttraumatic growth, or the experience of a dramatic alteration in sense of purpose and renewal following a traumatic experience, is an occurrence being researched in trauma counseling. Vicarious resilience, or a vicarious positive shift in sense of purpose and view of living when working with a survivor of trauma, is another phenomenon being raised in the awareness of trauma work (Calderon-Abbo et al., 2008). Despite evidence suggesting possible positive outcomes in individuals healing from their traumatic experiences, researchers have yet to consider the strengths that CITs may believe are tied to their complex traumatic experiences. This gap leaves an untapped resource to bolster resilience in CITs. Exploring the possibility of unique strengths inherent to these counselors would be an addition to the literature on counselor training and supervision. Failing to acknowledge the possibility of such strengths may contribute to the tendency to further stigmatize trauma survivors.

Social justice and advocacy is a part of the 20/20 Vision for Counseling (Kaplan & Gladding, 2011) and is considered an important component of counselor identity. Specifically, advocacy is the intentional effort and activities of counselors that are intended to bring about lasting systemic change to remove barriers to human equity (The

Advocacy Initiative, 2019). Through our natural tendency to avoid or deny trauma and victim blame (Herman, 1997), society has often marginalized trauma survivors. While some authors have discussed the marginalization of client trauma survivors (Perry & Szalavitz, 2006; van der Kolk, 2014) counselor educators have not yet discussed how educational institutions may marginalize counselors-in-training with trauma histories. As a profession dedicated to advocacy and equity, we are lacking in research that privileges the voices of trauma survivors and trainees who may be marginalized as a result of one or many intersections of their identity. For counselor educators, more resources on training, supporting, and supervising CITs with a history of complex trauma may assist in beginning advocacy efforts and providing effective training for counselors with diverse experiences.

Rationale and Significance

The research on trauma has made clear the multitude of physical and emotional effects of trauma on an individual (Herman, 1997; Perry & Szalavitz, 2006; van der Kolk, 2014). Mental health professionals have also acknowledged these effects and are attempting to better understand the toll of trauma on healers (Elliott & Guy, 1993; Follete et al., 1994). Counselor educators have a responsibility to acknowledge and address any trauma symptoms that affect interpersonal interactions between the trainee and their client (ACA, 2013).

If it is known that trauma can affect the interpersonal interactions of clients, we can realistically infer that healers may also experience interpersonal effects on their professional work. If this is the case, Counselor Educators and Supervisors have an ethical obligation to address those affects in training and supervision settings. Supervisors

also have an obligation to support the development of supervisees, a responsibility that Sommer (2008) notes in addressing such issues as vicarious trauma. The proposed study may provide a deeper understanding of CIT experiences that can assist counselors and counselor educators. With this information, supervisors can better understand the supervisee experiences and ways in which they can support the unique qualities of these supervisees.

In the same way that the research practitioner values empirically validated approaches to counseling which ensure informed practice with clients, counselor educators value an informed approach to educating counselors. Until this study, educators have had little to no information from which to draw from to have an informed approach to training counselors with a personal complex trauma history. In fact, due to shame and fear of reporting professional struggles to supervisors (Yourman, 2003) many supervisors may be unaware that their supervisees have experienced trauma that is affecting their training. By interviewing CITs with a complex trauma history for this study, I provided a safe and confidential platform for individuals to begin discussing their experiences. This study also provided literature supporting and normalizing the disclosure of these experiences as they impact counselor development. The data came directly from the source; CITs with a complex traumatic history. This study provided a foundation for understanding what may be unique needs of these CITs.

Purpose of the Study and Research Question

The purpose of this study was to understand the experiences of CITs with a complex trauma history in order to determine an essence of these counselors' experiences. In conducting this study, I wanted to better understand the perceptions,

training experiences, unique growth edges and strengths, and needs of CITs with a complex trauma history.

The research was guided by the following research question:

Q1 What are the experiences of counselors-in-training with a trauma history?

Assumptions

This study was based in several assumptions that needed to be addressed in detail to elucidate my subjective experience and understand how it may have influenced my approach to the topic, hypotheses, and research. This allows my peers to consume the research which a thorough understanding of the assumptions which guided me in conducting it. Laying out my assumptions explicitly also helped me to understand my biases and conduct epoch prior to beginning participant recruitment, interviewing, and analysis of data. The assumptions I laid out below are grounded in my experience as a survivor of complex trauma, as a cis-woman, as a white, bi-ethnic individual, a trauma counselor, a play therapist, and a counselor-educator in training. A framework to address and reduce the influence of these assumptions can be found in chapter III.

My most significant assumption when I conducted this research was in the belief that all counselors who have experienced trauma are affected by the trauma in the realm of their personal and professional counseling work. This assumption was guided by several elements of my experience as a person and counselor. Primarily, this assumption came from my continuing development as a counselor, counselor educator, and supervisor who identifies as a survivor of complex trauma. Through personal counseling, my own clinical supervision, training, and experience of mentorship, I continue to build self-awareness in the discovery of the many intricate ways in which my trauma has

affected my view of the world, my interactions with others, my way of being as a person, counselor, and educator; and my sense of purpose in my work. This includes influences which I view as both positive and negative, and which have affected my professional strengths and growth edges in unique ways.

This study was undoubtedly rooted in my journey as a wounded healer. In reflecting on the fulfillment I obtain from my career, I recognized that I am attempting to heal a part of myself specifically related to my traumatic experiences. While I've sought individual counseling to help address my trauma symptoms, I find the most meaning in experiences when I am helping other trauma survivors as a counselor. Much like Jung's (1966) archetype, I have taken ownership of my identity as a wounded healer, and like Nouwen (1990), I believe that connecting my professional way of being to my experiences deepens the authenticity and quality of connection and empathy that I can provide to my clients. In this way, I implicitly assumed that CITs with trauma histories have unique strengths that arise from their resilience, and that their connection to and healing from their experiences may be a strength in helping others to heal.

My immersion in the trauma literature also guided my assumption that complex trauma affects individuals' subsequent experiences and behavior. Various experts in trauma have discussed the neurobiological effects of complex trauma, including the overstimulation of the brain stem, the under-development and/or underuse of the pre-frontal cortex, and increased secretion of stress hormones among other symptoms (van der Kolk, 2014). Others have noted the behavioral differences for individuals who have experienced chronic and inescapable trauma, including change in worldview, lack of trust in caregivers, maladaptive attachment patterns, and risk-taking behaviors, among others

(Perry & Szalavitz, 2006). I believe that despite the likelihood that many counselors-in-training are resilient and have healed from their traumatic experiences in a way that allows them to function successfully in their personal and professional lives, they likely still experience these symptoms to some degree.

This study was also guided by my assumption that other CITs with complex trauma histories desire support from their supervisors in regard to the way that their traumatic experiences impact their training experiences. In my experience as a supervisor, I have been approached by counselors-in-training requesting assistance in navigating the ways in which their traumatic experiences have impacted their personal and professional identities; specifically, supervisees have requested assistance with their experience of triggers presenting in counseling sessions, staying present when triggers are experienced, and overcoming the fear of confrontation and developing improved confrontation skills among others.

Delimitations

Given the uniqueness and diversity of traumatic experiences and individuals who identify as survivors, there are several delimitations in place to ensure an appropriate scope for the purposes of the study. Because each mental health discipline and subsequent training programs hold different training beliefs, practices, and interpretation of or adherence to particular standards, this study will focus solely on interviewing counselors-in-training. Psychologists, psychiatrists, counseling psychologists, social workers, school psychologists, and other mental health professionals will be excluded from participation in this study. Participation in the study will be limited to master's-level CITs currently enrolled in a CACREP accredited clinical mental health counseling,

community counseling, counseling, couples and family counseling, or school counseling program. Students must have completed their first practicum experience to participate in the study. Counselors who are post-master's degree, licensed, or earning their doctoral degree will be excluded from the present study. Participants must have computer and internet access to receive the initial participation invitation and schedule an interview, as well as for member checks and follow-up reflections on the sandtray component of the interview.

Definition of Terms

For this study, several important terms will be referenced regularly. The terms and their definitions for the purposes of this study are provided below:

Counselor Education

Counselor education is the overarching environment which is discussed in this study. Counselor education entails the education of clinical mental health counselors, community counselors, school counselors, and marriage and family counselors of all educational levels in preparation for professional practice and applicable licensure (CACREP, 2015). Counselor education includes training counselors in the classroom context as well as in the supervision of counseling experience (Bernard & Goodyear, 2014).

Supervision

In the context of counselor education, supervision is defining pedagogy of the profession (Bernard & Goodyear, 2014). Supervision entails a professional relationship in which the supervisor provides oversight of the supervisees work with clients in applied settings (ACES, 2011). The supervisor's obligations include monitoring client welfare,

assisting the supervisee in adhering to relevant legal, ethical, and professional standards, examining supervisee clinical performance and professional development, and evaluation of supervisee performance for academic and employment purposes.

Counselors-in-Training

A counselor-in-training (CIT) is defined as "...counselors in university training programs at any level" (Bernard & Goodyear, 2014, p. 350). Counselors-in-training (CITs) may be at various levels in their educational experience, including pre-practicum, in which learning is primarily academic in nature; CITs in their practicum experience work to integrate academic knowledge and experiential learning with the guidance of supervisors; and students in internship continue to incorporate knowledge and working experience with an evolving personal style.

Trauma

Trauma is defined as occurring when "...an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening [has] lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (SAMSHA, 2014). The effects of trauma are most commonly understood through the description of Posttraumatic Stress Disorder symptoms described in the DSM-5: recurring and intrusive memories of the traumatic experience, distressing dreams related to the experience, dissociation, intense emotional and physiological distress and triggering by cues related to the experience, avoidance of triggers and reminders of the traumatic experience, alteration or distortion in thought or mood, and diminished participation and enjoyment in life activities among others (APA, 2013).

Complex Trauma

Complex trauma is defined by Ford and Courtois (2013) as:

...extreme forms of traumatic stressors due to their nature and timing: in addition to often being life-threatening or physically violating, terrifying, or horrifying, these experiences are typically chronic rather than one-time or limited, and they compromise the individual's personality development and basic trust in primary relationships. Therefore, complex traumatic stress disorders go well beyond the classic clinical definition of what is traumatic, and beyond the triad of criteria (intrusive re-experiencing of traumatic memories, avoidance of reminders of traumatic memories and emotional numbing, and hyperarousal) that make up the diagnosis of PTSD... (p.14).

This study is limiting participation to individuals who have experienced complex trauma because of the literature confirming a specific grouping of symptoms unique to these individuals, including worldview, schema, attachment patterns, and neurobiology (Perry & Szalavitz, 2006).

Neuroscience

Neuroscience refers to “A branch (such as neurophysiology) of the life sciences that deals with the anatomy, physiology, biochemistry, or molecular biology of nerves and nervous tissue and especially with their relation to behavior and learning” (Merriam-Webster, 2019). Within counselor education, neuroscience incorporates the understanding of client neurological and physiological processes (CACREP, 2015) that make up the biological basis of behavior (American Mental Health Counselors Association, 2018) and are incorporated into best practices for serving clients (Field, Beeson, Jones, & Miller, 2017).

Neurobiology

While neuroscience and neurobiology are defined in some contexts as interchangeable (Merriam-Webster, 2019), for the purposes of this research,

neurobiology will refer to the connection between the results of different environments on the brain's structure and the resulting behavior (Perry, 2009) and brain function unique to each individual. For trauma survivors, subconscious behaviors and behaviors that feel very difficult to control may be a result of environmental factors that affected neurobiology at an early age (Perry & Szalavitz, 2006).

Advocacy

Advocacy is widely defined as “the act or process of supporting a cause or proposal” (Merriam-Webster, 2019). Bolder Advocacy (2019) notes that the primary goal of advocacy is to bring about lasting systemic change.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

This chapter will provide a summary of the existing literature which forms the basis of this study. Specifically, I will highlight the need to better understand the experiences of CITs with trauma histories. This includes information on the definitions, effects, and prevalence of trauma. The chapter will also include a review of the significant movements leading to research on trauma and the impact of these movements on the present understanding of trauma.

Trauma

From our earliest development, humans have experienced trauma ranging from natural disaster to interpersonal violence (van der Kolk, 2014). Trauma is derived from the Greek word of the same spelling meaning ‘wound’ (Merriam-Webster, 2019). The Substance Abuse and Mental Health Services Administration (SAMSHA) reports: “Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (2019). The American Psychiatric Association (2013) includes exposure to war, threatened or actual physical assault, threatened or actual sexual violence, exposure to natural or human-made disasters, and witnessing or experiencing life-threatening injury or witnessing or experiencing unnatural death as some of the traumatic events individuals may experience. SAMSHA (2019) notes

childhood abuse or neglect, physical, emotional, or sexual abuse, war and violence, grief and loss, witnessing acts of violence, medical interventions, and cultural, intergenerational, and historical trauma.

Narratives of trauma are deeply embedded in a variety of societies (Herman, 1997). Shared knowledge of and adaptations to racial, cultural, and gender trauma are passed from generation to generation in groups, while groups of people work to heal from traumatic experiences bound by regional natural disasters. People find themselves drawn to sagas of trauma and survival in the media, so tied to human survival is the survival of traumatic experience. The prevalence of trauma is disheartening, and when examining trauma's occurrence in the world a pattern of movement towards awareness and advocacy, and withdrawal into blatant denial is recurrent decade after decade (Herman, 1997). Despite society's morbid curiosity combined with the desire to reject the reality of trauma altogether, examining and better understanding trauma is critical in order to understand how to help individuals effected by trauma.

Racial and Generational Trauma

Counselors are now aware that individuals from historically marginalized groups may experience traumatic symptoms as a result of chronic oppressive or life-threatening experiences related to a held identity. Different racial and cultural groups identify as survivors of generational trauma, and the social justice movement is bringing greater awareness of the impact of intergenerational and cultural trauma on survivors. Intergenerational trauma occurs when a family or group experiences trauma and trauma response symptoms, protective behaviors, and narratives are passed down to future generations of the group resulting in similar symptoms or risk for post-traumatic

symptoms (International Society for Traumatic Stress Studies, 2018) and may occur as the result of oppression based on racial, ethnic, or cultural variables. The genocide of the Jews during the Holocaust, the genocide of peoples in Rwanda, the war experiences of civilians in the middle east, and even family patterns of incest and physical/sexual abuse are among some of the examples of generational and cultural trauma (Ford & Courtois, 2013). Recently, generational trauma is being discussed in the context of African Americans, who suffer continued discrimination and denial of human rights (Awad, Kia-Keating, & Amer, 2019) while simultaneously surviving in the wake of atrocities committed against their family members and descendants. Stories of survival and caution are passed down from family leaders to their family members, and archetypal knowledge (Jung, 1966) is remembered in the deep subconscious of individuals experiencing discrimination which threatens their very safety.

Symptoms

The impact of trauma is seen not only in its prevalence but in the symptoms that many individuals experience after trauma. Treatment of trauma focuses on prevention and alleviation of posttraumatic symptoms that may affect the functioning, wellness, and relationships of survivors. In the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5), the American Psychiatric Association lists Posttraumatic Stress Disorder (PTSD) within the category of Trauma-and-Stressor-Related Disorders (2013). These include recurring and intrusive memories of the traumatic experience, distressing dreams related to the experience, dissociation, intense emotional and physiological distress and triggering by cues related to the experience, avoidance of triggers and reminders of the traumatic experience, alteration or distortion in thought or mood, and diminished

participation and enjoyment in life activities among others (APA, 2013). While the DSM-5 provides a condensed encapsulation of trauma symptoms for diagnosis, mental health professionals have examined traumatic response in greater detail.

Trauma experts have conceptualized responses to trauma through many different lenses and theoretical orientations. Most incorporate understanding of how human evolution influences human survival instinct, and how the resulting survival responses of humans in a dangerous situation may influence future behaviors and cognitions. While stigmatization of trauma survivors is still common and is described in detail below, the conceptualizations presented here also share the belief that trauma symptoms are a natural, response to an unnatural situation. Some of the most commonly accepted beliefs about trauma and mental health stem from these conceptualizations and are presented below.

One of the first mental health professionals to present a modern conceptualization of trauma was Judith Herman. Prior to her seminal work *Trauma and Recovery* (1997), theories about PTSD were rooted in the belief that those suffering from symptoms had a weakness of mind or spirit. Herman presented an alternative approach that normalized levels of response to trauma for all individuals experiencing an abnormal event. Herman (1997) conceptualized trauma response into stages of terror, hyperarousal, and constriction. Clients experience these symptoms in a wide range of intensities, with some experiencing mildly disruptive symptoms all the way to those experiencing severe behavioral struggles (APA, 2013). While Herman's work is dated, it is still highly relevant and represents a pillar upon which much of the more recent theory about trauma rests (Zaleski, Johnson, & Klein, 2016).

Van der Kolk (2014) detailed his experience with, and understanding of, the brain and body connection for people struggling with PTSD. Van der Kolk described the brain's chemical process in helping the human organism to survive. In response to threatening stimuli, the brain follows a complex process of bringing in, interpreting an event, and sending neurotransmitters for immediate physical response to the threat. This process ends in what counselors often refer to as the fight, flight, or freeze response (Perry, 2009). While the brain's fight, flight, or freeze response system is an effective and healthy means to protecting oneself, van der Kolk notes that when trauma is chronic and/or inescapable, the brain's chemistry and subsequent responses can be adversely affected (2014). When the brain's response is adversely affected, so too is the individual's behavior. Symptoms include exaggerated response to stimuli, avoidance or numbing of stimuli via risk-taking behavior and use of substances, and strain or disconnect from friends, loved ones, and support circles. Van der Kolk (2014) alerted practitioners to the possibilities of working with clients from a 'bottom up' approach in which the somatic symptoms and bodily experiences of trauma survivors are addressed prior to attempts to use talk therapy approaches that rely on the functioning of the frontal lobe.

While research on the symptoms of CITs with trauma histories has not been conducted, from the findings of research on trauma survivors in general, we can infer a range of similar symptoms for trauma survivors who are also counselors. Van der Kolk notes the important of addressing bodily symptoms as the foundation for effective trauma work; however, van der Kolk also notes that trauma-induced components of the brain's functioning after chronic trauma may continue despite healing through therapy and other

means (2014). It is important for counselor educators to understand the range of symptoms that CITs may experience when triggered in clinical settings, and for counselor educators to understand how the brain's functioning may still be affected long after healing from traumatic experience has occurred. Such awareness will provide the basis for understanding trauma-related CIT behaviors and being able to appropriately support these CITs.

Prevalence

Increasingly, individuals are reporting incidence of a traumatic experience or multiple traumatic experiences. Over 70% of participants in a 24 country, 68,000 participant study had experienced a single traumatic event (Bromet et al., 2017; SAMSHA, 2014), and in a 2016 global survey sample, approximately 5.7 million people twelve and older were violently victimized (Bureau of Justice Statistics). In a sample of over 1800 randomly selected Swedish men and women, Frans, Rimmo, Aberg, and Fredrikson (2005) found the prevalence of traumatic experience to be as high as eighty percent. In a survey of roughly 3,000 U.S. citizens, researchers estimate found that 30 percent (Kilpatrick et al., 2013) of participants had experienced trauma as defined by the DSM-5 definition, while a national survey conducted by SAMSHA found that 70 percent (SAMSHA, 2014) of the general population have experienced trauma. Bromet et al. (2017) found that 30.5% of their sample had been exposed to four or more traumatic events, and Perry and Szalavitz (2006) note that 7% of Americans are affected by PTSD. Roughly 40% of American children will have at least one potentially traumatizing experience in their childhood (Perry & Szalavitz, 2006). Yearwood, Vliegen, Chau, Corveleyn, and Luyten (2019) found a 40% prevalence rate for exposure to complex

trauma in a sample of 218 adolescents in Lima, Peru. Over 90% of clients in public behavioral health have experienced trauma (SAMSHA, 2014).

The widely varied rates of trauma exposure described in the above studies is indicative of several features unique to the phenomenon of trauma. The lack of diversity in the existing participant samples, the phenomenon of underreporting, and the growing public awareness of the occurrence and impact of trauma may be influencing the vast difference in reporting from ranging from thirty percent to seventy percent. An examination of the limitations of the above-mentioned studies is helpful in order to better understand why the reporting rates differ so greatly from sample to sample.

The majority of the samples, drawn from the U.S. population, are not representative of the general population. Kilpatrick et al. obtained one of the greater diversities in a sample with a roughly equal report from male and female identifying participants (e.g. 48% male and 52% female sample), a relatively wide age spread of participants ranging from 18 to older than 65, and approximately 10-20% of participants represented in each age category (2013). Despite this, the study and the other studies discussed above are lacking in representation of marginalized groups, including marginalized races, ethnicities, non-binary gender oriented persons, among others. In particular, the literature on trauma expresses the increased exposure to trauma for people from marginalized identities (Awad et al., 2019; Ford & Courtois, 2013). The variation in reporting rates may be a result of how representative each sample of the marginalized people in the general population.

In some samples, individuals who have experienced trauma may avoid reporting. People avoid reporting trauma for a range of reasons, including the victim blaming

common in interpersonal trauma (Ford & Courtois, 2013) as well as the re-victimization that often takes place for individuals reporting such trauma as sexual assault. While the demographics of each study sample do not provide insight into the reporting behaviors of the population, it is likely that some samples reported lower rates of trauma exposure due to fear of the repercussions of disclosing their trauma, even for research purposes.

While some samples may indicate a smaller number of trauma survivors, other highlight a higher prevalence of trauma exposure, possibly due to an increase in public exposure to the concept of trauma. Awareness of trauma is increasing, and more individuals are recognizing themselves as survivors of trauma and seeking mental health services to address trauma (SAMSHA, 2014). Similarly, the way in which researchers define trauma likely influences the number of individuals reporting trauma exposure. For example, Perry and Szalavitz (2006) focus on exposure to adverse childhood experiences in reporting prevalence of trauma, while Kilpatrick et al. (2013) and SAMSHA (2014) utilize the DSM-5 definition of a traumatic event as the criteria for trauma exposure. Given the vast ways in which trauma occurs and expresses itself in the world, it is likely that some samples of participants report higher levels of exposure than do others. Given the vast difference in reporting rates for the literature just discussed, an accurate estimate of the rate of trauma for CITs would be impossible; however, a similar pattern of reporting in the existing literature on CITs with a history of trauma can be seen in the discussion below.

Because trauma is increasingly prevalent and is being reported in greater numbers year after year (Perry & Szalavitz, 2006), it is important that mental health professions, including counselors, should continue to examine the occurrence, effects, and treatment

of trauma. In general populations, researchers have found a 30 percent to 70 prevalence rate of traumatic experience, and Adams and Riggs (2008) found a 38 percent prevalence rate for psychologist trainees. Given these findings, it is likely that counselors have experienced trauma at a rate of at least 30 percent. Few studies exist examining trauma experiences in counselors; however, Pearlman and Mac Ian (1995) found an 80% trauma exposure rate in mental health professionals working with trauma survivors. If practicing counselors are experiencing trauma at the same rates as the general population, counselor trainees likely have experienced similar rates of trauma as well. Given this likelihood, counselor educators would benefit from understanding more about CITs with a trauma history. While being aware of the prevalence of trauma is helpful in understanding how it may affect counselors personally, it is equally important to understand the history of trauma studies and the contexts in which new breakthroughs in trauma research have risen.

Critical Moments in the History of Trauma

While trauma has existed since the history of mankind (van der Kolk, 2014), society's awareness of trauma has recurred and recycled in trends from generation to generation. Herman (1997) describes three eras of growth in public trauma awareness which were spurred by larger political movements - the study of hysteria, the study of combat veterans, and the recognition of domestic abuse spurred by the feminist movement. Herman (1997) noted that because the awareness of trauma requires acknowledgment of the violence against or subjugation of a particular person or persons, the history of trauma research is often accompanied by a movement recognizing the subjugation of a particular group. To stress the importance of advocating for counselors

with a history of trauma and to better understand the nature of trauma studies historically, it is helpful to examine some of the largest movements that spurred the examination of trauma from a mental health perspective. Gaining an understanding of the context in which today's trauma study occurs requires understanding past trauma research movements, the circumstances surrounding them, the group of people being studied, and the ways in which the research movement set clients forward and also continued to hold them back. The following is not a comprehensive history of the research and treatment of trauma, but instead highlights some of the critical moments that shaped present-day trauma studies.

Some of the first recorded investigations of trauma occurred when Sigmund Freud and Pierre Janet examined the phenomenon of hysteria in female patients (Herman, 1997). At the time, hysteria referred to a diagnosis of women in which psychological stress was converted into physical symptoms. 'Symptoms' included amnesia, volatile emotions, and other 'attention seeking' behaviors (van der Kolk, 2014). Hysteria was a diagnosis given to women exhibiting fainting spells, outbursts, nervousness, irritability and behaviors related to sexual desire. Treatment of hysteria often included manual sexual relief by a physician, an act that between physician and patient that is highly questionable at best, and unethical assault at worst. This 'treatment' was assigned to patients despite the pathologizing of women's sexuality that resulted in the diagnosis of hysteria. The nature of understanding and 'treating' hysteria is perhaps one of the most outstanding examples of trauma research which may have subjugated the very people who should be benefitting from the work.

The research on hysteria did take a turn into insight that would improve the understanding of trauma for clients and mental health professionals. While hysteria was well known prior to their work, Freud and Janet began interviewing patients diagnosed with hysteria rather than dismissing them as attention-seeking, providing the platform for patients to reveal their experiences. In doing so, Freud and Janet began to uncover the connection between hysteria symptoms and childhood sexual abuse for many patients. This was also part of the early movement examining ‘nurture’ or developmental/environmental factors as related to mental health disorders rather than solely the result of ‘nature’ or genetic familial tendencies (Herman, 1997). Scholarly inquiry of hysteria led to the connection of the diagnosis with a trauma history. This was the first connection between forms of domestic violence and recognizable mental health outcomes for the women experiencing it. Despite the progress made in the understanding of trauma through the era of hysteria, post-Victorian psychologists acknowledged the sexist roots of the diagnosis; however, the diagnosis of hysteria was not removed from the DSM until the 1950’s, at which time it was traded for a diagnosis of ‘hysterical neurosis’. The term hysterical neurosis was not removed from the DSM until the 1980’s (Tasca, Rapetti, Giovanni Carta, & Fadda, 2012). The ebb and flow between understanding and pathologizing survivors has continued throughout trauma research, and is seen in the treatment of American combat veterans.

World War I began the era of mechanized warfare, and the mental health community’s exposure to trauma increased significantly. Through their work with soldiers and community members impacted emotionally by the war, mental health professionals were exposed increasingly to the trauma narratives of the community (van

der Kolk, 2014). In particular, the diagnosis of shell shock was of greatest interest to the mental health professionals of the time. According to professionals of the era, shell shock was the response of individuals with ‘weaker’ character to the conditions of war (Jones, 2012). In fact, many soldiers responded to their deployment with shell shock due to the grisly and disorienting effects of mechanized and distance warfare, which was newly introduced during the first world war. While mental health professionals had a long way to continue in their research to reach our present day understanding of combat trauma, the interest in it would resurface during the Vietnam war as part of the anti-war movement (Herman, 1997).

Van der Kolk contributed a wealth of information to our psychological understanding of trauma, largely in working with Vietnam-era veterans (2014). Many of the veterans van der Kolk worked with came to his clinic to cope with anger, numbness, interpersonal struggles, difficulties with violence, high-risk behaviors, and difficulties with substance abuse. Through a combination of building relationship, use of brain scanning technology, and at times using the most current research on psychiatric medications, van der Kolk discovered that much of the driving intent of the behaviors of the veterans was to bring the brain to a homeostasis that felt ‘normal’. For some veterans, ‘normal’ meant numbing themselves to a place where their prior trauma could not reach them; while for some, only engaging in high-risk behavior that induced chaos similar to the trauma was a relief. Van der Kolk was able to disseminate his findings to the larger mental health professional community while normalizing the process of some of the behavioral responses that previously alienated veterans from the military, their loved ones, and their communities. Despite van der Kolk’s work and the work of many

passionate professionals with combat veterans, many veterans still face stigma regarding their mental health in the military and their own community contexts (Gibbons, Migliore, Convoy, Greiner, & DeLeon, 2014).

The feminist movement supported a focus on trauma in the context of domestic and sexual abuse. While the interest in survivors of domestic and sexual abuse sprung from a movement toward feminist thinking (Tjaden & Thoennes, 2000), counselors' interest in the experiences of these survivors was still largely marked by misunderstanding. Research on the effects of domestic violence acknowledges the occurrence of what was often considered 'family secrets' (Haselschwerdt & Hardesty, 2017). In addition to bringing to light the domestic abuse many women were experiencing, this movement also refused to victim-blame women for entering or remaining in a relationship that was abusive, as had previously been done by professionals in the field. This was also a wave that entered into recognition of the surprisingly high rates of child abuse and neglect occurring in homes (Perry & Szalavitz, 2006). Despite the forward thinking of the feminist movement in addressing domestic violence, the movement failed to acknowledge the existence of domestic violence against men and women in the LGBTQIA+ community (Poorman, Seelau, & Seelau, 2003; Stiles-Shields & Carroll, 2015). This continued to be a disservice to individuals identifying differently than white women, and also contributed to the continued silencing of male trauma survivors. The silencing and stigmatizing of male trauma survivors is still a problem in present-day trauma research and will be discussed in detail in a later section.

Trauma research on clients seeking mental health services has gone through an ebb and flow of examination, understanding, and misunderstanding; however,

examination of counselors who have experienced trauma has only occurred in the limited context of counselor impairment, which will be discussed in a later section. As the field has become aware of the prevalence of trauma, different forms of trauma, and the effects of trauma, the interest in studying the effects of trauma on different groups of people has increased. One such extension would be the study of counselors with a trauma history.

Complex Trauma

Most recently, counselors have been engaged in heated discussions over the legitimization of complex trauma (Keane & Najavits, 2013). Complex trauma is defined by Ford and Courtois (2013) as:

...extreme forms of traumatic stressors due to their nature and timing: in addition to often being life-threatening or physically violating, terrifying, or horrifying, these experiences are typically chronic rather than one-time or limited, and they compromise the individual's personality development and basic trust in primary relationships. Therefore, complex traumatic stress disorders go well beyond the classic clinical definition of what is traumatic, and beyond the triad of criteria (intrusive re-experiencing of traumatic memories, avoidance of reminders of traumatic memories and emotional numbing, and hyperarousal) that make up the diagnosis of PTSD... (p.14).

Trauma expert Judith Herman recognized the need for a separate category of trauma that addresses the effects of continual, inescapable interpersonal trauma as different from PTSD (Keane & Najavits, 2013). Perry and Szalavitz (2006) provide detailed case studies of child survivors of complex trauma, including the evident effects of this trauma on neurobiological development and interpersonal behavioral outcomes which are markedly different from other trauma survivors. Herman and van der Kolk argued for the need to add a complex trauma diagnosis to the DSM-5 (Keane & Najavits, 2013). In particular, they believed a diagnosis of complex trauma would more accurately

encompass the cause and symptoms for a variety of misdiagnoses including ADHD, reactive attachment disorder, and others (Perry & Szalavitz, 2006).

Counselor-in-training (CIT) survivors of complex trauma likely do not exhibit the same emotional and behavioral struggles described by Perry (2009), and with gatekeeping considerations it is likely if they did that they would not and should not successfully complete a counselor training program. However, like survivors of all trauma, with resilience, assistance, and appropriate coping strategies, many CIT survivors of complex trauma have likely healed and adjusted from their experiences in a manner that allows them to function as an ethical and effective counselor. Despite this, it is likely that both adaptive and maladaptive residual neurobiological or interpersonal effects can still be identified in even the most functional of individuals (Ford & Courtois, 2013). For this reason, counselors-in-training (CITs) with a history of complex traumatic experience may have insight into their experiences and needs that lends itself to the improvement of their counselor education experience. This information would provide counselor educators with a more holistic understanding of CITs with a trauma history while also providing us with initial insight into what they say are their experiences and needs in the educational environment.

The Stigma of Trauma

Trauma is often unreported and undiscussed by survivors (Herman, 1997). This may be for a variety of reasons, including victim shaming and the threat of a trauma history superseding other identities of a person (Ford & Courtois, 2013). While trauma survivors work tirelessly through resilience, coping, or avoidance to move past a traumatic event or history, it can be extremely discouraging for survivors to find that the

only way their therapist or friends identify them is by the traumatic event which they experienced. Survivors often fight for their identity within their inner social circle in addition to fighting the pressures of larger society. Much of today's stigmatization of trauma can be linked to a history steeped in mental health treatment and research that reinforced negative messages about trauma survivors (van der Kolk, 2014). Herman (1997) notes the consistent historical marginalization of trauma survivors as 'weak' in character. In particular, it is clear from records in public litigation and trauma research that the public more heavily scrutinizes trauma survivors than trauma perpetrators for survivors having 'putting up with' abuse. Trauma researchers consistently focus on perceived flaws in trauma survivors as an explanation for these individuals having experienced trauma as well as their responses to trauma. One salient example is the consistent record of research on relationships in which domestic violence occurs. Historically, female survivors of domestic violence were studied to identify 'traits' that would lead them to enter and stay in a violent relationship (Cozolino, 2016). Herman critiques the internalized sexism of this assumption, noting that a more logical course of study would be to examine the characteristics of the abusive partner to understand their own actions.

While the history of trauma research is rooted largely in the study of male war veterans, the overwhelming reporting, treatment, discussion of, and current research on trauma is focused on woman-identifying clients. This is occurring to the exclusion of men, and perpetuates the shame in a man reporting traumatic experience, particularly complex or interpersonal traumatic experience. In the same way that there was a time in which professionals stated that child sexual abuse by a parent was exceptionally rare (van

der Kolk, 2014), our current beliefs about trauma silence many male survivors. Some study of male trauma survivors has focused on the link between child sexual abuse as it correlates to compulsive sexual behavior (Blain, Muench, Morgenstern, & Parsons, 2012). In the most current literature, the study of males reporting interpersonal trauma is still largely concentrated on the study of US veterans. In their study of male and female veteran sexual assault survivors, Zinzow, Grubaugh, Monnier, Suffoletta-Maierle, and Frueh (2007) noted that the previous studies in the literature only examined the occurrence of veteran sexual assault for females. Shame, disgust, and increased severity in symptoms may be fueled by gender stereotyped beliefs that males should be physically powerful and sexually dominant (Bomyea & Allard, 2017; Bruggman & Ortiz-Hartman, 2017). The fear of being questioned in their masculinity causes many survivors to avoid reporting their experiences (Bruggman & Ortiz-Hartman, 2017). The shame and difficulty in reporting that many men experience is but one layer of the trauma-related stigma that they may experience as survivors.

Even recently, mental health professionals continue to inadvertently shame trauma survivors under the normalized language of training and research. In his novel *Why Therapy Works*, Cozolino (2016) perpetuates the pathologizing of clients suffering from posttraumatic symptoms. He describes differences in response to trauma: “Everyone’s defenses, like their immunological symptoms, vary in strength. Some of us are healthy, robust, and emotionally resilient. Others get sick more often, experience pain and loss too directly, and get knocked down by small slights at every turn” (p. 196). This is in stark contrast to Herman’s (1997) notion of trauma survival shared nine years prior: “People who have endured horrible events suffer predictable psychological harm” (p. 3).

In a chapter on complex trauma, Cozolino (2016) provides another example of victim blaming: “The enduring personality traits and coping strategies that emerge in these situations tend to decrease positive adaptation... This can manifest through engagement in abusive relationships, poor judgement, or a lack of adequate self-protection” (p. 221).

Herman (1997) warned mental health professionals of what she considered the sexist history of the field in examining and labeling the ‘behaviors’ of individuals in abusive relationships rather than examining the individual responsible for the behavior. Simultaneously, Cozolino (2016) normalizes the expectation that trauma survivors have inherent qualities that subject them to further harm and advises counselors of this as a way to prepare for trauma counseling. In his book section titled “Complex Trauma: A Developmental Perspective,” Cozolino (2016) defines complex trauma in three pages and dedicates the entirety of the chapter to topics of Borderline Personality Disorder, including sections titled “The Borderline Brain (p.225),” “The Social Brain of the Borderline,” (p. 228) and “Self Disgust (p. 233).” While research has (naturally) found a connection between the attachment trauma common to complex trauma survivors and the diagnosis of such disorders as BPD (van der Kolk, 2014), Cozolino’s (2016) chapter seems to exclusively describe complex trauma survivors as having BPD, and cites no discussion of successful coping or a sense of the personhood of these individuals. Over a decade prior to *Why Therapy Works*, Herman (1997) called out the mental health professionals’ tendency to diagnose women with “severe personality disorders” while failing to recognize the impact of trauma (p. 2). The misdiagnosis of complex trauma continues today and is a large reason that many mental health professionals continue to push for awareness of complex trauma for all mental health providers (Ford & Courtois,

2013). The professional dialogue presented by Herman (1997) and Cozolino (2016) is only a microcosm of the conversation occurring regarding trauma survivors. In the same way that trauma symptoms found in clients likely apply to their counselor-survivor counterparts, the stigmatization of trauma survivors applies not only to our clients but to our counselor education students. Counselor educators must be aware of how this might occur in the training context.

Mental Health Counselors and Trauma

Mental health professionals have been researching and treating trauma survivors since Sigmund Freud began researching the behavioral response of women who were sexually abused in their childhood (Herman, 1997). Counselors are some of the significant players in researching, defining, and treating trauma. As defined by the American Counseling Association (ACA) in Kaplan and Gladding (2011), counseling is “...a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals”. The mission of the ACA (2019) is “...to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity”. As mandated reporters, counselors are tasked with reporting suspected incidents of neglect, abuse, and danger of harm to self or others for clients (ACA, 2013). All of these defining qualities contribute to the counselor’s role as advocate for clients and activist against trauma. Within our professional identity and values, counselors have a stake in the future of trauma research and treatment.

Counselors and Trauma

Mental health professionals have placed a focus on better understanding traumatic experience as it relates to our clients. This includes understanding what different experiences may constitute a traumatic event (APA, 2013), what symptoms and responses may be common for trauma survivors (van der Kolk, 2014), how responses differ based on the complexity of the trauma (Keane & Najavits, 2013), and the treatment of trauma symptoms (Perry & Szalavitz, 2006; van der Kolk, 2014). Mental health professionals have not given as much attention to understanding the experiences of counselors encountering trauma in various contexts, and there is no current understanding as to why this is occurring. The following provides a summary of research and exploration into the experiences of counselors encountering trauma in their clinical work and personal lives.

The prevalence of mental health professionals whom have experienced trauma is roughly that of the general population at 30% in samples of their peers (Adams & Riggs, 2008). In an examination of mental health professionals working with survivors of trauma, this rate increases dramatically to roughly 80% (Pearlman & Mac Ian, 1995). It is likely that in the population, over thirty percent of counselors have experienced a traumatic event. Anecdotally, many counselors describe entering the field with the hope of helping others to resolve an issue they have encountered themselves. Jung (1966) hypothesized this occurrence long before it was measured in research. Jung adapted a Greek mythical archetype to modern day anecdotal wisdom, describing the deeply held calling of healers to right an injury in themselves through their healing of others. Anecdotally, many counselors describe entering the field with the hope of helping others

to resolve an issue they have encountered themselves. Nouwen (1990), a pastoral counselor, posited that the leveraging of personal wounds would help counselors more effectively connect with and assist individuals in their healing journey by connecting to the deeply personal wounds within themselves. Despite the risk of being stigmatized for being a trauma survivor, it is likely that many CIT's enter the field in part as a result of their experiences and the desire to help others overcome adversity. If this is the case, it is likely that the percentage of counselors in the field with trauma histories is larger than is currently predicted. Additionally, it is likely that these CITs bring unique motivations and perspectives to their counselor training experiences. Better understanding such CITs would add to the literature assisting our understanding of trauma as well as counselor education.

Counselor Impairment

Various helping professionals (social workers, nurses, counselors, psychologists) have conducted research on professionals in their field with trauma histories (Adams & Riggs, 2008; Jenkins et al., 2011; Michalopoulos & Aparicio, 2012). Much of the interest in CIT trauma history has been in regard to this history as a factor contributing to counselor burnout (Conrad & Kellar-Guenther, 2006), vicarious trauma (Jenkins et al., 2011), and secondary traumatic stress (Boscarino et al., 2004; Ghahramanlou & Brodbeck, 2000; Ortlepp & Friedman, 2005). Specifically, the literature to date has focused on how a history of traumatic experience contributes to the risk of impairment and what factors, if any, mitigate this risk (Jenkins, et al., 2011). Counselor impairment is a topic often discussed in gatekeeping (Bernard & Goodyear, 2014), and many supervisees view impairment as shameful or negative, leading to a reduction in reporting

of impairment (Sommer, 2008). The shame and fear of altered perception that many survivors face is intensified for the counselor trainee experiencing impairment that may be related to their trauma history.

Researchers in mental health have devoted attention to trauma survivors in the context of risk of impairment. Most of the studies conducted hypothesize that trauma history will positively correlate with impairment (Cosden, Sanford, Koch, & Lepore, 2016; Jenkins et al., 2011; Michalopoulos & Aparicio, 2012). Some of the studies found a relationship between trauma history and vicarious/secondary trauma (Kassam-Adams, 1994; Pearlman & Mac Ian, 1995); however, many of these studies did not find a significant link between the two (Follete et al., 1994; Michalopoulos & Aparicio, 2012; Ortlepp & Friedman, 2005; Williams, Helm, & Clemens, 2012). One study found an increase in the occurrence of both vicarious trauma and vicarious resilience for providers with a history of trauma (Cosden et al., 2016). Further and more comprehensive investigation of the effects of trauma history on counselors would be helpful in adding to the current literature listed above.

Posttraumatic Growth and Vicarious Resilience

Recently, researchers have examined posttraumatic growth. Posttraumatic growth explains the phenomenon in which trauma survivors adopt a new frame of reference or meaning which transforms them in a positive way (Collier, 2016). Counselors are beginning to acknowledge the strengths of client trauma survivors and to recognize that traumatic experience may alter an individual's worldview in a way that positively impacts their sense of meaning. Researchers acknowledge the experiences and growth of counselors who experience trauma simultaneously with their clients, e.g. in a natural

disaster impacting the region of both client and counselor (Baum, 2012; Pulido, 2007; Tosone, Nuttman-Shwartz, & Stephens, 2012). The author acknowledges the impact of shared experience and the potential for the counselor to use and safeguard their experience in their work (Baum, 2012). Given the evidence for posttraumatic growth in clients seeking mental health services, counselors who identify as survivors of trauma may also have experienced posttraumatic growth which aids them in their clinical work. Another avenue pointing to the possibility of strengths as an outcome of trauma exposure is that of vicarious resilience, a similar construct studied in the context of mental health professionals working with trauma survivors.

Vicarious resilience is discussed in the literature as the "...positive effects on helping professionals who witness the healing, recovery, and resilience of persons who have survived severe traumas in their lives" (Hernandez, Gangsei, & Engstrom, 2007) for counselors working with survivors of trauma. Specifically, researchers have found that counselors experience a shift to a deeper sense of meaning in their work and their understanding of human existence (Killian, Hernandez-Wolfe, Engstrom, & Gangsei, 2017). Researchers have examined the experience of vicarious resilience and the factors that contribute to vicarious resilience for mental health professionals working with trauma survivors (Brockhouse, Msetfi, Cohen, & Joseph, 2011). Killian et al. (2017) found that vicarious trauma and vicarious resilience can and do coexist for mental health professionals working with survivors of torture. Similarly, a meta-analysis of trauma symptoms and posttraumatic growth was conducted which found an initial linear relationship between the two which eventually departed at a certain peak in severity of trauma symptoms (Shakespeare-Finch & Lurie-Beck, 2014). If counselors working with

trauma survivors can experience the empowering and impairing effect of trauma narratives simultaneously, it is likely that counselors with a history of trauma may also experience growth edges as well as strengths unique to their experiences. Despite the growing recognition and inclusion of a holistic perspective of clients, we have not turned a discussion of posttraumatic growth toward counselors and CITs.

Trauma and Counselor Educators

If counselors are stakeholders in the understanding and treatment of trauma, counselor educators must consider themselves stakeholders as well. CACREP (2015) calls for the competency of counselors in recognizing, understanding and treating trauma, with the responsibility on counselor educators to ensure that counselors leave training programs with the ability to do each of these. Trauma work was considered a specialization in mental health counseling for a long time; however, given the prevalence of trauma and the increasing reporting of clients experiencing trauma, counselor educators must prepare all of their trainees to assist clients in processing and healing trauma material in the counseling relationship (Sommer, 2008).

The 20/20 vision of counseling places a particular focus on the counselor's professional identity as an advocate for the profession and for social justice and equity for clients (Kaplan & Gladding, 2011). Simultaneously, counselor educators are called to advocate for their students (ACA, 2013). Given the historical marginalization of trauma survivors (Herman, 1997), counselor educators hold a professional responsibility to understand how to serve and advocate for these CIT survivors of trauma (ACA, 2013).

Ethical Considerations

Supervising CITs with trauma histories necessitates a consideration of ethical conduct. The American Counseling Associations (ACA) provides several directives for counselors and supervisors in counselor supervision. These considerations include training effective counselors, monitoring the provision of ethical services to clients, counselor impairment, advocacy for clients and supervisees, awareness of the historical pathologizing of subjugated groups, boundaries of supervision services, and referral of supervisees to individual counseling (2013). Many of these considerations, including training effective counselors, ensuring ethical service provision, monitoring counselor impairment also apply to supervising CITs with a trauma history from the risk-management perspective that currently can be seen in the literature on these CITs. In addition to risk-management, supervisors should consider advocating for CIT survivors of trauma, recognizing and working to counteract the tendency to pathologize subjugated groups, and advocating for supervisees to receive additional support from individual counseling when needed. The following review will serve to bring attention to the ethical demands on counselors and supervisors which relate to or may be affected by the counselor's experience with trauma.

The ACA Code of Ethics calls for counselors to consider potential impairment "...from their own physical, mental, or emotional problems" (2013, p. 9). The document further tasks counselors:

Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients (2013, p. 9).

Where trauma history is related to impairment occurring, supervisors are called to address resulting clinical concerns and assist supervisees in improving the services rendered. This may include discussion of how trauma history or symptoms directly relate to the client and services being provided to the client. This may also include building coping strategies with the supervisee which assist in improving the provision of services. Where the interventions being used are directly related to services provided to the client, the supervisor has a duty to assist the trainee and client by proxy. For the portion of the traumatic narrative that lies outside of the client services being rendered, it is most effective and ethical for the supervisor to refer the trainee to individual counseling.

Legal Considerations

One unique component of the supervisor identity is the inclusion of training and education in supervision sessions. Counselor supervisors must walk the balance of providing ethical supervision with the assistance of guidelines described by the ACA (2013) and ensuring adherence to the legal guidelines requiring college educators to report student sexual assault. In discussing how trauma is impacting the counselor and their training, student reports of gender-based discrimination, sexual harassment, or sexual assault related to school functions may occur (Welfare, Wagstaff, & Haynes, 2017). When this happens, supervisors are mandated by law to report the incident and the name of the student involved (Barr, 2005).

Counselors are trained to consider the adult client's wishes and best interest in assisting client reporting of assault. For the supervisor, Title IX does not provide the same consideration. Regardless of the supervisee's desires, counselor educators must report knowledge of such occurrences; and this responsibility may also cause great

distress to the supervisee. In describing the reporting process for client-survivors, Herman (1997) highlights the potential for litigation, victim shaming, and a lack of privacy reported by many survivors who take legal action against a perpetrator. Some of the same experiences may occur for CITs who are subject to desired and/or unwanted reporting of an incident requiring Title IX reporting. Welfare et al. (2017) recommend the use of a statement incorporated in to counselor education course syllabi to provide informed consent to supervisees in regard to the nature of what information may need to be reported from supervisor/supervisee conversations.

The literature review above provides an overview of trauma, including its discovery, definition, symptoms, and prevalence in the general population. The history of trauma, including movements that spurred awareness of different forms of trauma, improvements in trauma treatment, and shortcomings in the understanding of trauma and trauma survivors were discussed. All of these factors were connected to potential implications for counselors in terms of the possible prevalence rate for counselors with trauma histories, posttraumatic symptoms they may experience, and considerations for counselors in the training context. The current state of the literature on counselors with trauma histories was discussed, particularly a grouping of literature focused on examining the correlation between a history of trauma and impairment constructs.

Given the literature presented above, it is likely that counselors experience trauma at similar rates to the general population, ranging anywhere from thirty to seventy percent. Like the general population, it is likely that counselors are underreporting their traumatic experiences, which may be due in part to the stigma and victim shaming that trauma survivors experience in addition to the pressures of being perceived as at risk for

impairment in the counselor education environment. CITs with trauma histories may experience similar symptoms to the survivor clients they serve, and despite resilience and coping, CIT survivors of complex trauma may experience continued posttraumatic symptoms that affect their training experiences and work as a counselor. Given the role of counselor educators in supporting and training effective counselors and ensuring client welfare, the literature in counseling could benefit from research that assists in better understanding the experiences of CITs with a history of complex trauma. The present study will provide a basis for understanding the experiences of CITs with complex trauma histories by gathering this information from them directly. While the case in support of the present study has been presented based on current knowledge of trauma and counselors, a review of the literature surrounding the interview approach being utilized is needed. The following literature review will provide an understanding of the use of projective techniques, in particular the use of sandtray, in counselor education, and the case for using sandtray in the qualitative interviews being conducted for the present study.

Sandtray Elicitation

Projective Techniques and Elicitation

Researchers have long used different resources to assist respondents in generating and examining their thought processes relating to topics of study, particularly in qualitative methodologies. Although the oral interview is often the first tool used by qualitative researchers, Porr, Mayan, Graffinga, Wall, and Ramos Vieira (2011) note that the sole use of language is by nature restrictive to the full expression of meaning. In a variety of disciplines, projective techniques allow participants and interviewers to

‘translate concrete experiences into visual discourse’ (Porr et al., 2011, p. 31). Projective techniques originated from the discipline of clinical psychology, often using art or physical objects (van der Kolk, 2014) in which the participant ‘projects,’ or places their own personal meaning and interpretation onto object(s) used. These tests have been used to diagnose and assess individuals clinically (Nunez, 2015). In qualitative research, projective techniques have been adapted from use for diagnosis and assessment into a measure to better understand the subconscious emotions and thought processes that influence one’s experience, interpretation of their experience, and subsequent decision making (Nunez, 2015). Forms of projective technique currently used in qualitative research, including the sandtray technique used in this study, are discussed below.

Historically, photo-elicitation has existed as a tool used in phenomenological research. This approach places the respondent in the control of the session in regard to the processing and sharing. Photo-elicitation provides an invaluable artifact to be used in correspondence between the participant and interviewer. Homeyer and Sweeney (2017) describe the neurobiological and behavioral research supporting the effectiveness of sandtray processing for survivors of trauma. Because my participants identify as survivors of trauma who may be experiencing some of the somatic symptoms described by van der Kolk (2014), and because they may be sharing material that is difficult to verbally explain based on its traumatic nature (Homeyer & Sweeney, 2017), sandtray will be an effective means of assisting the present research participants in further describing their experiences. Chapter III provides an in-depth explanation of how sandtray processing will be of benefit to the CITs participating in the proposed research. In a

similar manner, I propose the use of sandtray as a tool for elicitation in these qualitative interviews.

Sandtray Therapy

Sandtray therapy was created by Margaret Lowenfeld and her child clients in the late 1920's in response to her work with child survivors of the Russo-Polish war in Eastern Europe (Homeyer & Sweeney, 2017). Sandtray therapy was created as a projective technique in which the client could create their 'world' in a perspective that required little vocal input and allowed the client distance from difficult or intangible topics. In this approach, participants are introduced to a large container of sand and a myriad of miniature objects designed to fit into the sandtray. Participants are instructed to interact with the sand in a variety of ways, with one standard approach being that the participant is asked to create a picture of their world in the sand. The participant then takes time to look through, select, and place different objects in the sand to create a 'world picture' of their experience. Typically, after the participant has finished placing and positioning objects in the sand, the therapist and client discussed the tray, with the therapist and client ascribing meaning to the objects and the 'story' created in the sand, with the goal of illuminating and processing conscious and subconscious emotional material related to the sandtray.

Dora Kalff continued to popularize sandtray therapy with the creation of Sandplay, a form of sandtray centered in Jungian analysis which is still used today (Eberts & Homeyer, 2015). Thanks to the work of these two women, the beginnings of sandtray therapy were created and would eventually become an efficacious modality of treatment for clients of various presenting concerns, ages, and identities. Sandtray has

been adapted to different theoretical approaches and a variety of individual needs and contexts from its creation to its present-day use. Today sandtray therapy is defined as:

...an expressive and projective mode of psychotherapy involving the unfolding and processing of intrapersonal and interpersonal issues through the specific use of specific sandtray materials as a nonverbal medium of communication, led by client(s) and facilitated by a trained therapist (Homeyer & Sweeney, 2017, p. 4).

Sandtray therapy is an empirically validated therapeutic treatment (Homeyer, 2016) and has been utilized with child and adult survivors of trauma (Desmond, Kindsvatter, Stahl & Smith, 2015; Kosanke, Puls, Feather, & Smith, 2016), combat veterans (Kern & Perryman, 2016), and refugees (Homeyer & Sweeney, 2017). Sandtray therapy is a cross-theoretical modality (Homeyer & Sweeney, 2017) and has been used and studied in a variety of theoretical approaches (Eberts & Homeyer, 2015).

Sandtray and supervision. The use of sandtray has migrated into a tool to provide development, insight, and opportunity for relationship building in the supervision. Supervisors have proposed a framework for assessing counselor development through the integration of sandtray supervision and popular counselor development theories (Stark & Frels, 2014). Carnes-Holt, Meany-Walen, and Felton (2014) provide an approach to using sandtray supervision with the Discrimination Model (Bernard & Goodyear, 2014). Pairing sandtray with a conceptualization of counselor development allows for supervisors to target specific interventions to develop skills and dispositions necessary for the work of counseling. Hartwig and Bennett (2017) propose the benefits of teaching sandtray interventions to supervisees and using sandtray for case consultation, assessment of supervisee self-awareness, and in group supervision.

Providing a projective means through which to discuss clients can help supervisees to become aware of systemic processes in which clients are involved. This approach may

also provide a bird's eye view of client-counselor interactions that bring to visual awareness any transference and countertransference that may be occurring in the therapeutic relationship. Counselors and play therapists assert the benefits of sandtray in supervision (Anekstein Hoskins, Astramovich, Garner, & Terry, 2014; Perryman, Moss, & Anderson, 2016). Since sandtray has been a useful tool for trainees to gain interpersonal insight and better understand their own development, using sandtray for the present study will likely assist the participants in describing and gaining further depth in their description of training experiences as they apply to being a CIT with a history of traumatic experience.

With counselors-in-training with trauma histories. Sandtray has never been researched in use with Counselors-in-training with a history of traumatic experience. Despite this, I am calling for the use of sandtray elicitation with my research participants for a variety of reasons laid out in the literature review above. Sandtray was created in work with trauma survivors, and has been widely researched and validated in work with trauma survivors in the present day (Homeyer & Sweeney, 2017). Additionally, the use of sandtray in supervision has been utilized in counselor and play therapy training. Given the effective processing medium which sandtray provides, it naturally follows that sandtray would be a useful way to deepen the discourse between participants and I during the qualitative interviews. The use of this projective technique will provide a measure of safety with which participants can examine their experiences from a removed perspective. Sandtray will also allow for a processing of experience that transcends spoken language and can tap into intuitive wisdom and archetypes related to the narratives of participants.

Conclusion

The above chapter presents an overview of the existing literature related to to the definition, diagnosis of, research history of, and current understanding of trauma in the context of counseling and counselor education. I presented the history of trauma, including its exploration, definition, symptoms, and the various political movements from which it was defined. The continued movement in the study of trauma today is another political movement that will define the future of trauma understanding. The literature on growth related constructs including posttraumatic growth was reviewed, providing rationale for examining the inherent strengths of CITs with trauma histories. The historic marginalization of trauma survivors was discussed; specifically, how CIT trauma survivors have only been examined from a risk and impairment lens and the need for counselor educators to advocate for the privileging of a marginalized group through a holistic approach in counselor education. The literature on counselors working with trauma survivors was presented, including an examination of vicarious trauma, secondary traumatic stress, and vicarious resilience. The use of projective techniques and sandtray with clients and supervisees was discussed, including rationale for the use of sandtray with the CIT survivor participants in the present study. Given the current state of the literature, there may be need for a greater understanding of the experiences of counselors-in-training with trauma histories.

CHAPTER III

METHODOLOGY

Introduction

In this section I will explain the epistemology, theoretical underpinnings, and methodology of the study. I describe the specific selection of my theoretical foundation, epistemology, and methods for the as they relate to understanding the experiences of counselors-in-training with complex traumatic histories. I present the theoretical underpinnings that influence the study and the research questions. I describe the logic for a constructivist epistemology in understanding a socially influenced phenomenon, and how interpretive research best incorporates the social and historical contexts of participant experiences. I explain the usefulness of phenomenological research in constructing the essence of the phenomenon of being a CIT with a complex trauma history, the effectiveness of approaching the data gathering and data analysis using Transcendental Phenomenology (Moustakas, 1994). I also describe my plan for participant recruitment, data collection, analysis of data, and efforts to increase trustworthiness and rigor.

Design

Theoretical Framework and Epistemology

To understand the basis for this research, it is important to examine the ways of knowing and theoretical framework which ground this study. According to Crotty (1998), the theoretical framework should ground the logic of the research and inform the methodology of the study. The theoretical framework should also inform the

epistemology of the study. The epistemology of the study represents the theory of how knowledge about the world is obtained. This includes how knowledge is best obtained for this study, and it is grounded in the theoretical stance and subsequent methodology (Crotty, 1998). Being intentional in grounding a study in a sufficiently justified theoretical framework and epistemology is a key foundation to the rigor of the study (Morse, 2015). In this section, I provide an explanation of the theoretical stance and epistemology grounding this study and methodological approach to the study.

Before I detail each component of the research framework, I will provide an overview of how the epistemology, theory, and methodology integrate to create an effective research framework. This study is grounded first in a theoretical framework, which is the existing base of research upon which I have any existing knowledge of the topic. Currently, this consists of theory surrounding the neurobiology of trauma, which is described in detail below. From the existing knowledge laid out in the theoretical framework, I chose an epistemology that overlaps in its acknowledgment of the uniqueness of individual experience and social impact. Epistemology is the overarching approach to research that represents the researcher's core beliefs about knowledge and ways of knowing. This is largely theoretical and is the first point at which the researcher begins to make decision about their approach to a research topic. Within this epistemology are a variety of approaches to research methodology, and based on the information I am hoping to gather (understanding the experience of CITs with complex trauma histories), I selected Transcendental Phenomenology (Moustakas, 1994) as the approach to methodology. The methodology is a framework identifying the information that is desired and the process through which this information will be gathered.

Transcendental Phenomenology was selected from among other approaches within Constructionism and Interpretivism for its specific critical understanding of social context (which is determined to be important to this study based on the theoretical framework and epistemology), and will be further described below. Finally, the methods detail the specific tools and action that was taken in gathering the study data- the methods detailed below are reflective of and fitting for a phenomenological study. I will now provide detail of the overall research framework and how each component complements the current knowledge of this topic and the desired knowledge to be added to this topic.

The neurobiology of trauma. This study is founded in the basis of trauma research in the fields of counseling, psychology, psychiatry, social work, medicine, and other mental health related fields. Specifically, this research stems from the evidence that traumatic experiences effect the development and neurobiology of the brain (Perry, 2009). The neurobiological effects of trauma include a consistently raised level of stress hormones, overstimulation of the brainstem and amygdala, understimulation of the prefrontal cortex in moments of distress, and difficulties for the brain to properly interpret environmental stimuli (van der Kolk, 2014). The majority of these findings are drawn from clients seeking mental health services, war veterans, and child survivors of trauma. It appears that no research currently exists which studies Counselors-in-training (CITs) with a trauma history directly. Therefore, this research relies on the inference that traumatic experiences have similar neurobiological symptoms and outcomes for counselors as they do for non-counselors based on the shared experience of being human. If this is the case, counselors may have unique challenges related to neurobiological symptoms that result from exposure to complex trauma. Specifically, they may have

biologically based responses to different situations and environments that may influence their counselor training and work with clients. Better understanding the experiences of counselors-in-training with complex histories may include understanding how the neurobiological effects of trauma influence their experiences.

Effect of trauma on interpersonal processes. The researcher's belief in the need for this research specifically with CITs is based in the knowledge that counseling is an interpersonal process (Wampold, 2015) in which the client is influenced by the counselor and vice versa (Rogers, 1951). Because the research shows the vast interpersonal effects of trauma on individuals (Herman, 1997; Perry, 2009; van der Kolk, 2014), it may be inferred that counselors-in-training are equally susceptible to the interpersonal effects of trauma in their professional work. Specifically, worldview, beliefs about people, ability to trust and connect with others, and physiological regulation may be influenced by neurobiological processes that occur with exposure to prolonged trauma (Perry & Szalavitz, 2006; van der Kolk, 2014). This research points to the possibility that the interpersonal process of counseling may be influenced by the interpersonal effects of trauma on counselors. The research I am proposing is based in the belief that CITs with a trauma history may experience trauma-specific interpersonal patterns of interaction that extend to their work with clients, and that interviewing these counselors about their experiences will include developing an understanding of how trauma influences their interpersonal work as counselors.

Constructionism. This study sought knowledge of CITs with a complex trauma history through a constructionist epistemology. This should not be confused with constructivism (Crotty, 1998) and theoretical lens of knowledge in which the individual

creates meaning in isolation from the social world and social influence. Humans operate in contexts built upon social and cultural factors; in this way, reality is socially constructed (Merriam & Tisdell, 2016) and cannot be separated from social contexts as is believed by constructivist theory. Constructionism does not believe that an objective, True reality exists; rather, multiple, complex realities must be gathered and interpreted (Cresswell, 2013). These interpretations are influenced by history, culture, and interpersonal interaction (Crotty, 1998). In this way, the primary belief of Constructionism is that knowledge is known through the subjective experiences of people (Cresswell, 2013). An experience cannot be separated from the participant's interpretation (Merriam & Tisdell, 2016) and constructions of reality can only be made through the interaction of the participant and research with the participant's world (Heppner, Wampold, Owen, Thompson, & Wang, 2016). Similar to constructionist philosophy, the neurobiology of trauma is unique to each individual, their experiences and their interpretations of these experiences. Individuals' interpretations of their experiences may also be influenced by societal messages and movements that are occurring around them as they are situated in a cultural timeline, which interlaces with the philosophy of a constructionist epistemology. As Crotty (1998) describes:

[Constructionism]...is the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context (p. 867).

Despite Constructionism's acknowledgement that truth is a construction of human experiences, Crotty (1998) cautions confusing constructionism as extremist subjectivism. Earthly objects and occurrences exist without humans; we do not construct meaning. As

humans, we construct meaning using the materials that exist to our perception.

Constructionism pairs objective and subjective truth in an inseparable balance.

In conducting research to understand the experiences of CITs with a complex trauma history, a constructionist approach is the most beneficial for its recognition of the inextricable nature of social context and human consciousness in searching for knowledge. I approached the research question with the recognition that being a counselor-in-training with a trauma history, counselor training, and the experience of being a counselor are all constructed in the process of each participant engaging with and interpreting meaning of each of these experiences. Further, the meaning they have made and will continue to make of their experiences is influenced by the social context in which their experiences occur. The era in which they live, its sociopolitical environment, how intersections of their identity are influenced by the social context, and the interactions that participants have with others inside and outside of the training context are all factors that influence how participants interpret the experience of being a CIT with a history of complex trauma.

Previously, research has assumed the relationship between helpers with a trauma history and other objects including risk for vicarious trauma and burnout; constructionism posits that "...no object can be adequately described in isolation from the conscious being experiencing it, nor can any experience be adequately described in isolation from its object," (Crotty, 1998, p. 919). This being the case, I chose to take a new approach to the current literature and examine CITs with a trauma history that connects the participant and their experience as the critical point of knowledge in understanding this phenomenon. The current approaches to knowledge also boast a gap in acknowledging

the vastness of traumatic experience and how different sociocultural contexts influence the traumatic experiences of individuals. Constructionism provides an approach which encompasses the unique interpretations of each participant as critical information in pursuing knowledge of CITs with a trauma history.

In approaching knowledge from a constructionist lens, I sought to understand and describe the differences and similarities in the different realities of the participants. I used two primary forms of hermeneutics, verbatim interview transcriptions and the visual artifact of participant sandtrays, in order to build an interpretation of the participant's construction of their experiences. As a co-witness, I verbally related to the participant's my interpretations of their experience. Finally, I refined participant constructions through the process of interpretation (Heppner et al., 2016).

Interpretivism. In a time in which social reality was being examined in the bounds of a positivist perspective, interpretivism was created to develop a natural approach to the pursuit of social knowledge (Crotty, 1998). Interpretivism is the theoretical approach being utilized for this study as an effective means to understanding a socially constructed phenomenon. Interpretivism, also known as social constructivism (Cresswell, 2013) asserts that reality cannot be reduced to a singular experience, but that reality is instead socially constructed through multiple interpretations. The interpretivist researcher recognizes and considers the impact of culture and history on the subjective interpretations of events (Crotty, 1998). Interpretivism seeks to find the essence of human experience with the understanding that essence is a compilation of infinite perceptions, and that personal experience is the basis from which individuals perceive any other experiences.

Researchers using this approach seek to understand rather than explain a social occurrence (Crotty, 1998). Because of the focus on understanding, interpretivism uses qualitative approaches to understand natural occurrences as opposed to approaches using qualitative methods to explain and provide predictable patterns for natural occurrences (Crotty, 1998). Interpretivism seeks to isolate and trace the unique development of a phenomenon rather than generalize a phenomenon into a category of objective knowledge. While the foundations of interpretivism were focused on providing a cultural and socially focused means for empirical validation, modern approaches to interpretivism have rescinded from attempts to explain phenomena in causal terms; and it is to a modern approach of interpretivism that I ascribed for this study.

In examining CITs with trauma histories, this approach was beneficial because each CIT has a unique experience in terms of their history, training, and unique characteristics which help to compose their interpretation of reality. A traumatic event is as unique as the individual experiencing the trauma, and for this reason, the research was addressed from an interpretive epistemology. I interviewed the supervisees with the belief and approach that the context in which their experiences occurred is inseparable from the way that they experienced and made meaning of such experiences. As with modern interpretivism, I did not seek a causal explanation of why CITs with trauma histories believe or act in a certain 'categorized' way (Crotty, 1998) because the vast uniqueness of humans and their experiences cannot be categorized and explained in a clean-cut map to human behavior. Rather, my examination of CITs with complex trauma histories was aimed at understanding the essence and shared characteristics of the interpretation of an experience with the recognition that each participant experience is unique. An

interpretivist approach to this kind of knowledge was best encompassed through phenomenological research.

Phenomenology. Phenomenology is an approach to interpretivist research which reexamines natural phenomena in an attempt to remove prevailing understandings of an experience and allow new meaning, or an enhancement of previous meaning, to emerge (Crotty, 1998). Ary, Cheser Jacobs, and Sorenson (2010) describe phenomenological studies as describing and interpreting “...the meaning of the experience as perceived by the people who have participated in it” (p. 471). Husserl (1931) noted that humans exist in relationship to the objects with which they interact in their world, and actively examining, stripping down, and reexamining such relationships provides humans with expanded meaning of their world. Vast quantities of knowledge may be limited to us when we only approach a phenomenon from a lens set with preconceived notions. Bracketing our previous understandings of a phenomenon and reengaging with the phenomenon in the immediate moment is the ideal approach to examining and gaining deeper knowledge about a human-experienced phenomenon (Crotty, 1998). To do this, we must recognize, appreciate, and simultaneously challenge the roots of our knowing as humans.

Phenomenological research is rooted in an approach that is deeply suspicious of how culture imposes on our understanding of the world and our experiences; further, it seeks to “...renew culture in a radical fashion” (Crotty, 1998, p. 1637).

Phenomenological research acknowledges the importance of culture in situating our original meaning making of experiences. In this approach, researchers recognize culture as a necessary construct which liberates and simultaneously limits our understanding. As

humans, we exist in meaning bound in a system of symbols and definitions that are imposed to serve the interests of dominant groups in a given culture. These systems contain more and less subtle forms of oppression and manipulation in the meaning they ascribe to different phenomena and identities. Given the uniquely personal experience of trauma and historical marginalization of trauma survivors, a phenomenological approach lends itself to research seeking to understand the experiences of CITs with a history of complex trauma.

Counselors with trauma histories is a largely unresearched topic, as was demonstrated in Chapter II and through an exhaustive search of the literature. Because of this, this topic benefits greatly from an approach that seeks to examine the phenomenon without preconceptions and with attention to the interaction of participants with the phenomenon. In the tradition of phenomenology described by Ary et al. (2010), this phenomenon is best described by individuals in direct contact with the phenomenon. To date, the research has been examined through categorical means that do not acknowledge or incorporate the wisdom and qualitative experiences of the individuals experiencing being a trauma survivor and a helper. This study used a phenomenological research approach for exactly these reasons- the avoidance of assumption and insufficient measurement and the incorporation of unrestricted human experience as it relates to the phenomenon. Approaching this research from a phenomenological lens was essential to a critical examination of a socially-situated topic.

Previous studies examining CITs with trauma histories have focused on quantitative measures of impairment-related factors. This demonstrates an approach that is rooted in the social and culturally situated beliefs about trauma as noted in Chapter II,

namely, assumptions about the primarily negative effects of trauma on a largely stigmatized population of survivors. To date, researchers have not directly interviewed these individuals about their experiences in a way that sets aside previous ways of knowing and examines the experience with fresh eyes and a human engagement with the phenomenon. Because my research sought to center the intuitive wisdom and experience of CIT's with a trauma history, I used phenomenology as my primary approach to answering the research question. I hope that using this approach will focus an intentional bracketing of previous knowledge and provide a foundation from which new knowledge can emerge from an approach which honors ways of knowing rooted in the community of trauma survivors. Setting an intended approach to phenomenology is the next critical step in planning research that captures the essence of the experience of CITs with a trauma history.

Transcendental Phenomenology. The experiences of CITs with a history of trauma can only be gathered and recorded in a way that accounts for the multiplicity of individually constructed perceptions of each participant as they are situated in personal experience and social and historical context. Further, this topic is yet unstudied and should be studied from an approach that seeks the most foundational understanding of the phenomenon in its actuality. For this reason, I used Transcendental Phenomenology (TP) (Moustakas, 1994). As has been described in the literature review, our understanding of trauma is inextricably influenced by societal movements of trauma research and understanding which effect the present research being conducted as well as the perception and understanding of participants' experiences. TP acknowledges this influence as opposed to a more individualized theory of meaning-making described in other

phenomenological approaches to research. Moustakas believed that his approach to phenomenology was an effective means to unite the real (the actual object or phenomena presenting itself within our perception) and the ideal (our response to and meaning-making of what is presenting itself based on our experiences). He also referred to this reality as noesis, with individual perception being noema. In this study, I hoped to reveal both the noesis and noema of being a CIT with a trauma history.

Moustakas adhered to the belief that intuition is the basis of all reality and existing knowledge and is the purest form of knowledge (1994). While intuition is the purest source of knowledge, intention is the process by which individuals must reflect on their intuitive knowledge and examine the emotional reactions through which the perception and subsequent interpretation of a phenomenon exist. Moustakas cautions practitioners of TP to work to diminish the influence of common and societal influences on knowledge that would dilute the intuitive knowing of a phenomenon. This process is critical for the researcher in order to witness the intuitive knowledge of participants and effectively work through the steps of TP.

TP uses epoch, transcendental phenomenological reduction, and imaginative variation to obtain knowledge of the world. Epoch is the active process of reflecting on one's intuitive knowing and experience with the topic being studied as a means to set preconceptions aside and revert to 'the things themselves' in phenomenological research. This ensures that the researcher is able to approach the topic with a fresh perspective aimed at understanding the core of the essence of the experience through multiple perspectives rather than the researcher's own. Moustakas (1994) notes that this is the core component of the intention and intuition key to TP. Please refer to the epoch section

below for further information including the researcher's stance, which is a recorded component of epoch.

Epoch

Epoch is an important component of TP that ensures that the researcher is working to set aside preconceived notions of the phenomena being studied prior to witnessing participant's descriptions of their reality (Moustakas, 1994). Epoch is a difficult process which is rarely perfectly attained, for while setting aside our judgements and preconceptions influenced by our society is an important precedent to TP; the interpretivist roots of TP also acknowledge that separation of truth from individual interpretation and perception is impossible. Moustakas (1994) advises a rigorous individual process of meditation in which the researcher continuously takes time to reflect on the phenomenon at hand. The researcher's task is to hold the phenomenon in their mind for a length of time in order to explore the multitude of judgements, conceptions, and influences on their current perception of the phenomenon.

The researcher should allow the preconceptions to appear and float away, slowly stripping down all of the previous contextual buildup surrounding the phenomenon until the raw experience is reattained. This step is foundational in moving forward with understanding the reduction of the phenomenon that participants present.

One practice contributing to the achievement of epoch includes the reflection on and sharing of a researcher's stance. This is a written documentation of the judgements, biases, preconceptions, and influential experiences that shape my worldly perception and subsequent interpretation of the experience of a counselor-in-training with a history of complex trauma. The following will have some overlap with the assumptions I discussed

in Chapter I; however, this epoch will detail more fully the context through which I came to these biases. My conception, or interpreted reality of being a counselor-in-training with a trauma history is largely influenced by my own experience of the phenomenon, my understanding of the literature on trauma, my work as a trauma counselor, and my work as a supervisor with CITs who report a trauma history. Deeply examining these beliefs helped me to understand and be aware of them and how they could impact my interpretation of the reality of the study participants.

My experience as a counselor-in-training with a trauma history. My primary interest in this research arose from my experiences in training as a counselor with a history of complex trauma. Growing up with a caregiver who struggled with significant mental health concerns and a tendency toward emotional and physical abuse has been a large influence on my pursuit of this profession as well as the way in which I have grown and operate as a counselor. I have found that counselor-specific traits and skills including my interpersonal style, level of assertiveness, sensitivity and alertness toward inauthenticity and subverted emotions, and ability to physically regulate in the presence of angry male clients are all effects of my growing up in an environment where I needed to consistently navigate my own safety and well being. In becoming a counselor, I worked to overcome many of these responses, in addition to honing other trauma responses that have become some of my greatest strengths as a clinician. The strong influence of my trauma history on my identity and approach as a counselor influences my belief that other counselors with trauma histories experience effects which influence their own clinical training and work.

In my training I also experienced supervision in which I was shamed and considered a risk factor after self-reporting how past trauma may be affecting the way in which I work with a client. I also experienced supervision that was incredibly supportive of my disclosure of how my experiences influence who I am as a counselor, and supervisors who acknowledged my perception of strengths arising from these circumstances. As a result of my experiences and my own meaning-making, I have come to believe that I am not the only counselor with a trauma history whose experiences influence my counseling work, who recognize personal strengths as another result of my experiences, and who has experienced supervision that has either assisted with or been a detriment to overcoming training obstacles. The belief that counselors with trauma histories are uniquely influenced by their traumatic experience, and the belief that counselors recognize the impact of their past on their professional identity is perhaps the most important component of my epoch that I must understand and work to set aside in hearing the experiences of participants, because it has the strongest and most subconscious influence on my work.

Working as a supervisor with other counselors-in-training. Throughout my experience as a supervisor, I have interacted with several supervisees who have disclosed how a traumatic experience is influencing their work with a client or experience of their training. My informed consent process explains to supervisees that the discussion of personal growth is an important component of counselor development that is often appropriate for supervision; however, it does not explicitly mention the discussion of trauma history. Despite this, several supervisees have felt that disclosing how their trauma is impacting their training in supervision is necessary to receive support. These

counselors have struggled with experiencing triggers in sessions, at times struggling with somatic regulation, and experiencing intense countertransference to a client related to trauma material. In my experience, using and modeling grounding exercises and self-regulation tools, and processing and building awareness of trauma-related schema that affect counseling work have been useful for supervisees in these instances. I have also found that some of these supervisees have high levels of perspicacity and self-awareness that I believe may be related to coping with a traumatic event or environment. My belief that CITs with trauma histories have unique growth edges and strengths with which the supervisor can assist is strongly influenced by my experience as a supervisor and the meaning-making that supervisees and I co-create in supervision when working on self-development.

Working as a trauma counselor. While my work as a supervisor is very different from my work as a counselor, much of my training in trauma-informed counseling lends itself to my beliefs about CITs with a history of trauma. The thread of the neurobiology of trauma can be seen throughout my introduction, review of the literature, and epoch, because I believe that the development of the brain and subsequent human behavior is influenced by traumatic experience; particularly complex trauma. My belief that neuroscience-based interventions may be helpful to use with supervisees is largely based in my use and experience of the effectiveness of this intervention with clients. I have experienced with many clients how world schema, attachment, and interpersonal interaction are influenced by previous interpersonal trauma for some clients. I believe that counselors share the same experiences in varying levels of intensity. I have also witnessed many clients with heightened awareness of others and ability to

interpret safety and authenticity from others, and I believe that counselors with complex trauma histories may have developed some of the same strengths as a response to surviving an unsafe or unstable environment. My work as a trauma counselor has been largely positive, and much of the positivity and meaning in my work is connected to my experience as a survivor of trauma. While this has been the experience for me, it may not be for all counselors with a history of trauma; and not all counselors primarily see clients healing from traumatic experiences.

Response to Participants

In addition to the researcher's stance, another process of epoch that I employed for this study was examining and compiling the themes in my interpersonal interaction and personal response to participants and their interviews. This occurred through the use of researcher journals completed after each interview and the subsequent review of these journals. The auditor and I both reviewed my journals prior to the review and coding of each transcription to better understand my reactions to the participant and how my reactions may influence the course of the interview and coding. The auditor provided me with written feedback to each journal noting if and where they saw bias or an interaction that was abnormal to my usual process of conducting the interview. The details of our mutual exploration are provided below.

The auditor noted in general that in my interviews with the participants I tended to assume a counselor role in the way I was using certain counseling-related skills throughout the interview, particularly my use of empathy and summary. He also noticed this pattern in moments in which I attempted to normalize participant experiences in acknowledging the commonality of a theme a participant would discuss. He did note that

he did not feel this behavior significantly influenced participants' responses or was a part of my bias. I agree with and did notice this pattern as well in reviewing and transcribing the interview recordings. In reflecting on the interview process and the course of this research, I think my behavior was largely influenced by my desire to de-stigmatize and empower individuals who have experienced trauma. I felt that because of the sensitive nature of these interviews in particular, increased empathy and sensitivity were needed not only to gather as much of the participant's experience as possible, but also to conduct interviews without harming participants.

One other interpersonal pattern that arose in the research process was my tendency to avoid challenging or asking difficult questions of my participants. I feel that this again was connected to my recognition of the sensitivity of this topic. Additionally, as I discussed in the literature review, traumatic experience is incredibly unique to each individual and can only be experienced from their perspective. I had this at the forefront of my mind during every interview, and in order to honor participant experiences and the Transcendental Phenomenological process, I often felt that challenging participant responses meant I was burdening their experience with my own sense of meaning. Despite this, the auditor did not feel that my interaction pattern significantly affected the course of the interviews.

Both overarching interpersonal patterns, my tendency to utilize counseling skills and take a slightly counselor-like role, and my tendency to avoid challenging participant experiences, were my intentional attempt to honor the participants and the epistemology that I selected for this particular study. This was likely also connected to my own identity as a trauma survivor and my desire to honor the stories of participant's in the ways in

which I would hope to be listened to were I in their position. While these particular patterns to my process of interviewing may have caused me to challenge clients less than I typically would, both the auditor and I felt that the quality and depth of the interviews was not affected and that I was able to set aside my biases in such a way that interviews were minimally effected.

Transcendental Phenomenological Reduction

Transcendental phenomenological reduction (TPR) refers to the process of interviewing, gathering, and recording participant data to understand the essence of each individual's knowing about a particular topic. Each experience or data point recorded is examined and considered in its own right. Participants will describe their experience in its totality as they see fit, sparing no detail as they feel it relates to the nature of their experience. In this way, the researcher receives a record of a participant's essential components creating the essence of their experience. These sources must first be independently collected and appreciated as separate intuitive truths of each participant. Each interview becomes a textural description of the phenomenon as it is known by the participant; specifically, as it is perceived and interpreted by each participant. The context of each perception is captured through the interview, which may include the thoughts, beliefs, and emotional responses of the participant to the perception of the phenomenon as influenced by personal experiences and characteristics.

Communalization (Husserl, 1970) is the resulting alteration in the researcher's knowledge and understanding of the phenomenon upon being exposed to the participant's reflection on the noema and noesis of the phenomenon. The researcher initially comes to the phenomenon of their own accord based on their perception and interpretation of the

phenomenon; they work through epoch to set aside their perception and bring in the perception and interpretation of another (the participant), and through the natural process of human knowledge attainment, they use curiosity and empathy to understand another perspective of the phenomena.

The result of this experience is an incorporation of the participant's reality into the researcher's own knowledge of the phenomenon, creating an altered truth for the researcher. The participant's relaying of their experience and subsequent interpretation, and the researcher's communalization of the experience are key components to TP and an interpretivist approach nested within a constructionist research epistemology.

Simultaneous to the participant/researcher interaction occurring in the process of TPR, horizontalization is occurring for the participant. Horizontalization is the process through which the participant further illuminates their perception and interpretation of the phenomenon through the critical reflection on components of the perception of the phenomenon that are connected to personal experiences and biases. For example, in describing being a CIT with a history of complex trauma, the participant may describe requesting the support of a supervisor as shameful and uncomfortable. This participant may further describe that this discomfort is linked to the shame of asking a neglectful caregiver for needs that were never met: the CIT may tie in the request to a supervisor with the expectation that their needs will not be met, and that the request is a failure before it is carried out. Horizontalization provides the richness of context through which the phenomenon is perceived by the participant.

In describing the process of the researcher during TP, Moustakas (1994) says of TPR: "The qualities of the experience become the focus; the filling in or completion of

the nature and meaning of the experience becomes the challenge” (p. 6). The goal is to provide a description of the phenomenon only as it is directly experienced, and for this description to be reduced to horizontal and thematic components. The quality with which TPR occurs relies on the ability of the participant and researcher to be clear in their reflection and attend to, recognize, and describe the phenomenon with clarity (Moustakas, 1994). Through this process, new and key components of the phenomenon begin to be uncovered.

In this study, I used TPR to interview participants as a means to obtain a fresh examination of the phenomenon of being a CIT with a history of complex trauma. While I took steps to bracket my own preconceived notions of the phenomenon prior to beginning the research through epoch and laying out my researcher’s stance, both the participant and I continually worked in interviews to examine their experience at its core and without judgement. As the researcher, I worked to welcome the nuances of communication and thought that allow the participant to describe their experience of the phenomenon in rich detail, sparing no thought or emotion in the process. Within the participant’s individual examination of their experience horizons and themes emerged which I considered individually and in the process of examining all participant interviews. Using TPR provided me with the data to support a new examination of the experience of CITs with a trauma history which gave critical consideration of the historical and social positioning of those experiences. From this data source, I conducted imaginative variation to arrive at a synthesis of meanings and essences of the participants’ experiences.

Imaginative variation. Imaginative variation includes the steps the researcher takes to compile, examine, and synthesize interview data into a collective of understandings that represent the participant's individual essence of the experience being studied. The researcher reviews the textural description and examines it for core characteristics that describe the participant's knowledge of the phenomenon, reducing repetitive themes or statements to arrive at such core characteristics. Once this process has been completed for each textural description laid out by each participant, the researcher is completing the process of imaginative variation.

Synthesis of meanings and essences. The synthesis of meanings and essences is the culmination of Transcendental Phenomenological Research. Moustakas describes synthesis as: "...the intuitive integration of the fundamental textural and structural descriptions into a unified statement of the essences of the experience of the phenomenon as a whole" (p. 13, 1994). The synthesis of meanings and essences represents the foundational knowledge of the essence of a phenomenon and occurs through the rigorous and intentional process of the researcher. As Moustakas explains, the essence of a phenomenon is never depleted and cannot be exhausted since there are infinite possibilities of individual experience of the phenomenon; however, the essence represents those characteristics without which the phenomenon could be what it is. Put in a more rudimentary way, the essence of a phenomenon is a gathering of the unique characteristics that make that phenomenon what it is. In completing the synthesis of meaning and essences, the researcher arrives at such an essence.

The final goal of this study was to synthesize the meanings and essences of each participant experience to arrive at a statement that summarizes the unique characteristics

of being a CIT with a history of complex trauma. This statement reflects an incorporation of all of the elements that are essentially shared by the participants in their experience. The essence of the experience represents a new base of knowledge from which consumers may understand the phenomenon experienced by CITs with a trauma history. The essence was synthesized from a return to the unimpeded base of each participant's experience, as it occurred both with and prior to socially constructed preconceptions; and this essence represents a perspective previously unidentified in the literature base.

Measures

In approaching knowledge from a constructionist lens, I sought to understand and experiences of CITs with a history of complex trauma. I used two primary forms of hermeneutics (Crotty, 1998), verbatim interview transcriptions and the visual artifact of participant sandtrays, in order to construct an interpretation of the participant's construction of their experiences. Both were carefully chosen to be compatible with the research approach described above, specifically, to support verbalization of the interpretation of participants of their experience as a CIT with a trauma history. For the purposes of providing participants with the best opportunity to discuss their experiences, I used a semi-structured interview protocol. The protocol for interviews can be found in Appendix E of this document.

Questions were designed to assist participants in describing any relevant experiences while also assisting me in refraining from leading questions that were related to my own biases. I worked to bridle my own experience and biases to arrive at an open base from which to hear participant experiences prior to and during interviews; however, as acknowledged by Constructionism (Crotty, 1998) and Transcendental Phenomenology

(Moustakas, 1994), some co-construction of meaning with participants through the process of interviewing is unavoidable.

Participant sandtrays were an equally important process used in this study. The projective nature of sandtrays (Homeyer & Sweeney, 2017) are compatible with Transcendental Phenomenology because they provide a creative medium through which participants can construct an interpretation of their experiences. Simultaneously, using a humanistic approach to sandtray, which allows for minimal direction and intervention by the researcher, assisted me in approaching the participant's knowledge with the fresh eyes and intentional lack of assumption (Moustakas, 1994) required of Transcendental Phenomenology.

Participants were given the following prompt to construct their sandtray:

P1: Using any of the materials given, create a picture in the sand of your experience of being a CIT with a history of complex trauma.

The recorded verbal interviews, corresponding typed verbatim transcriptions, and sandtray photographs provided the data upon which I conducted Transcendental Phenomenological Reduction to derive the essence of the experiences of participants. No other measures were used for the study. Data collection procedures are further detailed below.

Participants

Several inclusion criteria were determined to recruit participants with sufficient diversity of identities while maintaining enough homogeneity of training and experience to make the study dependable. All participants in the study were adults over the age of 18 residing in a single Rocky Mountain Region state. The participants for this study were

nine ($N = 9$) counselors-in-training who are currently enrolled in a CACREP accredited master's level counseling program. Participants were specializing in clinical mental health counseling, school counseling, and couples and family counseling CACREP program specializations. Only students from CACREP programs were included in the study as a way to provide homogeneity in the clinical training requirements of participants.

All Participants had completed at least one clinical practicum to help ensure that participants have had the opportunity to experience clinical work and subsequent professional development as a clinician in their training program, and to incorporate this experience into interview responses. All CACREP accredited programs require 40 hours of direct contact with clients in the practicum experience, and regular individual supervision is required; therefore, participants had an introduction to clinical work when they participated in the study.

All nine participants self-identified as having experienced complex trauma. A definition of complex trauma (Ford & Courtois, 2013) was provided in the recruitment announcement so that participants could self-identify based on how complex trauma is being defined for this study, in the case that participants did not have a prior working understanding of the term complex trauma (see Appendix B). Participants who experienced complex trauma were selected specifically due to the interpersonal effects of complex trauma (Keane & Najavits, 2013), and to provide one avenue to increase homogeneity in the participants by nature of traumatic experience, which is extremely broad. Procedures for attempts to diversify the participant pool by racial, ethnic, gender, age, and academic identities are described in the participant recruitment section below.

Several exclusion criteria were outlined to assist in recruiting a participant group with relative homogeneity of training and experience. Exclusion criteria included master's level counselors-in-training who have not completed their first clinical practicum experience, and counselors who are post-master's degree, licensed, or earning their doctoral degree. Excluding participants with limited clinical experience and those with advanced clinical experience allowed for recruitment of a group of individuals who were still in the training and development process, but who also have some clinical experience to connect to their identity as survivors of complex trauma. Additionally, participants who had a previous supervisory or teaching relationship with this researcher were excluded from the study due to a conflict of interest, dual relationship, and protection of the confidentiality of the supervision relationship.

Procedures

Participant Recruitment

The University of Northern Colorado Institutional Review Board (IRB) approved the study, at which time I began recruiting participants. I used purposive sampling in order to obtain a sample of individuals who identified as CITs with a personal trauma history. Being purposive in my sampling approach ensured that I was able to gain sufficient insight into the phenomena and meet data saturation. Cresswell (2013) recommends a range of 4-15 participants to ensure thick description in a phenomenological approach to research, and I aimed for an initial recruitment of 6-12 participants while monitoring throughout the data collection process for data saturation. Data saturation occurs when the themes emerging from the data are repetitive and no new

themes are emerging upon the completion of new interviews (Morse, 2015). Further explanation of how I determined data saturation can be found in the data analysis section.

To recruit participants, I created an email template with a letter describing the study, including the study's purpose and participant inclusion and exclusion criteria, that also confirmed IRB approval (see Appendix B). The study informed consent was also included as an attachment to the email (See Appendix D), in order to help potential participants understand the inclusion and exclusion criteria, the nature and purpose of the interview, and potential benefits and risks of participation. This correspondence also included a form in which interested participants completed basic demographic information including gender identity, racial and ethnic identity, age, and year in master's program (see Appendix C), and a spot to indicate that they met the study's inclusion criteria, if they in fact did. I instructed participants to review the inclusion/exclusion criteria and demographic forms and return them to me should they be interested in participating. As an incentive for participation, I offered entry in a random drawing for one of four \$25.00 gift cards, to be drawn following completion of data collection.

I prepared a list of the contact information of every department chair or program coordinator in every counselor training program in a one state in the Rocky Mountain region, as well as the additional out-of-state program previously mentioned. This was done by searching the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) website to identify all CACREP accredited programs in the state, and using my knowledge of programs in the state. After identifying these programs, I searched each program's website to identify the department chair or other program leader for contact information. I sent an email with the recruitment invitation to

each program leader(s) describing the study. Participants were invited to contact the primary researcher via email (see appendix B). I requested that department leaders pass the invitation on to their student body through email listservs or any other departmental means of student contact. For those program leaders who did not initially reply to me after two weeks, I sent an additional invitation email. Three weeks after the first round of recruitment, I did not obtain the minimum number of participants meeting inclusion criteria, I sent a reminder email to all of the program leaders who previously confirmed forwarding the call for participants to their students. This second round of recruitment resulted in a total pool of nine participants. Alternative plans for participant recruitment were not necessary given the success of the first two rounds of recruitment and reaching data saturation.

After the initial recruitment attempt, I informed interested participants who contacted me that I would be contacting them at the end of the two-week recruitment period. At the end of the two-week recruitment period I still had not received contact from the target number of participants; therefore, I began scheduling interviews with the interested participants without additional screening. I was contacted by three interested students who did not fit the inclusion criteria; specifically, one student had graduated two weeks prior to contacting the researcher, and the other two students had not yet completed at least one practicum experience. These students were therefore unable to be included in the study, and I informed them that they did not qualify to participate. I asked them if they would like to be contacted in the future for other interview opportunities. Two of these three individuals confirmed that they would like to be contacted for future research opportunities. During this time, I had reached the target range of participants and

was beginning to see results trending toward data saturation. Further detail of how I determined that data saturation had been reached can be found in Data Analysis. One additional interested student contacted me after it was determined that data saturation had been reached, and I also inquired as to this individual's interest in being contacted for future studies but received no response. This concluded my recruitment process.

Data Handling

Data was stored on my password protected private use laptop in a password protected document. Only myself, my research advisor, co-coder, and the external auditor will have access to the original data. Participant identity was be protected by requesting the participants to select pseudonyms which were used in the transcription of interviews and subsequent quotes in written and presented material from the research. I was the only individual with access to the participant's real names, as transcriptions were sent to the auditor and assistant coder using participant pseudonyms and with any identifying information already removed. Interview recording and transcriptions were kept in password protected files on my private computer to further protect participant identity. Interview recordings were destroyed immediately upon completion of the research. Interview transcriptions will be retained for a period of three years after the research is conducted to allow for access to original materials; however, the transcriptions do not contain identifying information of the participants. My advisor will retain the consent forms for participants in a locked file cabinet in her locked office (McKee 286) for three years after the research was conducted.

Participants remained anonymous through the use of pseudonyms for their transcriptions and subsequent quotes or material shared in written and presentation

formats. Any quotes containing identifying information (e.g. a reference to a particular region or location) were altered or masked with participant feedback. Participants were invited to inform me if there was any interview information that they did not want directly quoted in subsequent sharing of the data for the protection of their identity or any other reason. It is possible that specific references to regions, people, or situations made by participants may place their confidentiality at risk; however, I worked to safeguard this information and invited participants to inform me of any concerns as well.

Data Collection

The data I gathered were the interview responses of CITs with trauma histories. I met with each participant individually in a mutually beneficial location to conduct interviews. The interview began with reviewing and signing informed consent, which included my description of the nature of the study, and the risk of discomfort and possible benefits. The informed consent included a statement acknowledging that I cannot guarantee the confidentiality of subsequent email communication content (i.e. sandtray photographs, interview content) with the participant when I sent the invitation for member checks; and that the participant is aware of this and consented to email communication of member checks. Once informed consent was signed, I began audio recording the interview.

Interviews. I scheduled in-person individual interviews with participants at a mutually agreed upon location that allowed for the participant's level of comfort with privacy. Conducting interviews in person allowed trust and safety to be built between me and the participants, and allowed me to provide resources for participants after the interview. I sought participants in a single and bordering state in order to ensure the

ability to conduct interviews in person due to the sensitive nature of the interview questions and ability to engage in the sandtray process.

The interviews lasted approximately 90 minutes and began with a verbal review of informed consent, and participant and researcher signing the informed consent. Interviews were audio recorded using two electronic recording devices, with one being a backup device in case the other fails to record properly. I conducted a qualitative interview with each participant using a semi-structured interview protocol (see Appendix E). As participants began to describe their experiences, I used nonverbal communication, summary, and brief verbal check-ins to clarify what participants were saying and reflect my understanding of their experiences.

Sandtray. As part of this process, I used a portable sandtray kit (Homeyer & Sweeney, 2017). I already have a portable sandtray kit, consisting of a large clear plastic storage bin with a lid which was filled with rice rather than sand for ease of transportation. My kit also included a travel bag containing a concentrated collection of sandtray miniatures, including miniatures representing animals (land, sea, and air), fantasy creatures, diverse humans, earth elements, food items, and props (Homeyer & Sweeney, 2017). I set the sandtray and miniatures out in a visible and accessible manner to ensure that participants had access to the full range of miniatures during their sandtray experience. A photograph of the entire sandtray kit can be seen in Appendix H.

As the semi-structured interview process came to a close, I provided participants with a brief description of the process of creating a sandtray, and I prompted participants to create a sandtray of their experience. I explained that sandtray is a projective technique that can help participants to better understand experiences in their life by providing a

different perspective and understanding that can be processed between the participant and researcher. I clarified that while sandtray can be used in therapy, this approach is not intended to be therapeutic and processing of emotional components will be led by the participant and not by the researcher. I explained that participants would create a picture in the sand, that I would sit and wait while they created their picture, and then ask them to tell me about what they have created. I provided the open-ended prompt, “Create a sandtray depicting your experiences as a CIT with a trauma history” and utilized my training and experience to process each sandtray with participants.

Because of my intention to understand the unique nature of each participant’s experience, I used a humanistic approach to processing participant sandtrays. This meant that I asked participants first to describe their sandtray to me, allowing them to decide where to start and which components were of the greatest importance. Processing included providing verbal observations to participants about the miniatures they chose, the placement and proximity of miniatures, and expanding and clarifying the meaning of the observations that participants provided. We discussed reactions to the miniatures. The participant and researcher also verbally connected components of the sandtray to material previously discussed in the interview.

At the conclusion of the sandtray and any remaining discussion, I followed up with the participant to ensure that they had an opportunity to verbalize any remaining thoughts and asked them if there was anything they would add to or change about the sandtray. I asked participants to take a picture of their sandtray on my digital camera in order to allow them to capture the sandtray from their own point of view, or when participants preferred I provided them the option of me taking the picture for them.

Pictures were saved onto the same flash drive containing the participant interviews immediately following the interviews. After each interview was completed, the researcher removed all miniatures from the sandtray and returned them to the portable bag prior to leaving the interview location to ensure that no confidential information was visible to others upon conclusion of the interview. As the researcher I did not interpret themes in participant sandtray pictures for additional data; rather, the participants verbal processing of the sandtray was coded via verbatim transcriptions.

Before participants left, I provided a list of individual counselors, crisis assistance centers, and survivor advocacy resources and advised participants to access support if needed. I did not perceive any participant threat of imminent harm to self or others during the interviews, so no further steps were needed to support the safety of the participants or others.

Determining data saturation. Because of the broad nature of the data I was attempting to collect, specifically, gathering the essence of the participants' experience, I chose to use inductive thematic saturation as described by Saunders et al. (2018). In certain approaches to qualitative research, the authors note that data that are empirically dissimilar may have much in common theoretically. This was the case in understanding the experience of participants, as the thematic findings ranged broadly but connected in their application to counselor training. As was described previously, the essence of a phenomenon can never truly be exhausted since there are infinite possibilities of individual experience of the phenomenon. The authors note that in such cases of analysis, "saturation should be more concerned with reaching a point where further data collection becomes counter productive in that the new themes emerging do not add to the

overarching themes or ‘story’ of the participants” (2018, p. 1900). They note that this is different than traditional data saturation, which seeks a point at which no new thematic information is emerging in the course of interviewing participants (Morse, 2015).

Inductive data saturation is mostly determined during the data analysis process (Saunders et al., 2018); however, the researcher may begin to suspect that saturation is occurring based on what they are hearing in interviews (Morse, 2015). The process of determining data saturation occurred as interviews were being conducted and was confirmed by the auditor and I after finishing the coding of the ninth interview transcription. Around the seventh interview, I suspected from what I was hearing and seeing in the coding process that data saturation would be met in the next interview or two. At this time, I already had scheduled two more interviews, and determined to conclude these two interviews and await coding those interviews before scheduling more participants. After the review and coding of these interviews and an initial scope of the entire data set, I determined that data saturation had been reached. I shared the initial coding of the interviews and the complete list of identified codes with the assistant coder, who also agreed that data saturation had been reached.

Researcher Journals

As part of my process of epoch and to increase trustworthiness, I completed a researcher journal at the conclusion of each participant interview. This journal was a documentation of my experience and reaction to the interview. I left the journals open-ended to provide me the opportunity to process freely whatever experiences, emotions, or personal connections arose in my considering the experience of the participant. This allowed me to continue the process of epoch. When transcription, initial coding, and the

journal were complete for each interview, I sent the journal with the transcription and themes to the auditor for review. The journal assisted the auditor in evaluating where my findings were influenced by my own experience.

Interview Follow-Up

Participants were provided a response prompt approximately after interviews providing the opportunity for follow-up and clarification of their initial coding. Participants were asked to provide any additional reflections or afterthoughts that occurred following their interview and sandtray formation and processing. Participants were sent an electronic copy of their interview transcripts to the email with which I had been communicating with them. The email requested that they review the transcript and inform the researcher of any corrections needed as well as any alterations to further protect participant confidentiality. The email also contained an electronic copy of their sandtray picture with the following open-ended prompt: "Please explain any additional insights, thoughts, or additions you would like the researcher to know about since your interview and sandtray experience." Please refer to Appendix F for an example of the follow-up email document. The researcher sent the same email content in an additional reminder to participants about the follow-up five days prior to the due date. Any responses received were reviewed, and I incorporated the corrections requested into the interview transcripts prior to completing data analysis. This occurred for two participants of the 7 that responded to member checks. If participants did not respond one week after the initial member check invitation, I sent a reminder email informing them that if I did not receive a response within another week I would move forward with the assumption that they did not have any alterations to their transcript or coding. If participants did not

return a follow-up response, the researcher continued analysis with the participant's initial interview and sandtray data.

Data Analysis

The researcher transcribed the recorded interviews verbatim using the electronic recording device and a Microsoft Word document. The content of participant interviews was the data encompassing personal experiences with the phenomena (Cresswell, 2013). In the tradition of transcendental phenomenology (Moustakas, 1994), I continually used epoch, or an intentional reflection on and stripping down of my own preconceptions of the phenomenon, in a variety of approaches to ensure that I was aware of and working to reduce the influence of my own experience on the research findings. This included laying out my researcher's stance as can be seen above in addition to conducting and processing my own sandtray with my research advisor prior to beginning research in order to better understand where my own socially constructed assumptions of the phenomenon occurred in order to perceive the experience at its core (see Appendix G for a picture of my sandtray). In addition to these steps, several more were taken to continue the epoch process. During participant interviews, I worked to examine the phenomenon through the verbal descriptions participants were providing, seeking to see the phenomenon through their eyes (Moustakas, 1994). In this way, the interviews themselves were a part of the analysis. I provided prompts, asked for expansion of information, and encouraged participants to share every original thought, emotion, and connection related to their experience to ensure a full recollection of each participant. After each interview, I created a written journal of my experience with that participant in order to lay out my experience

with that participant and how my own socially constructed biases were interacting with the interview material (Merriam & Tisdell, 2016).

After participant interviews, I used imaginative variation to analyze participant data. In doing this, I first became immersed in the data by listening to and transcribing the interviews and sandtray processing sessions verbatim. I sent the transcripts to my co-coder and auditor, and we each coded the transcriptions individually. I re-read each transcription several times, and during this process, I created a running list of significant statements that were not overlapping or repetitive in content which (Cresswell, 2013) encompassed the participant's experiences (Cresswell, 2013). When coding was completed by all parties, the co-coder and I convened to discuss the codes and came to a consensus on the codes in each interview. This was conducted for the first two interviews in order to create a code book which guided the primary researcher in subsequent transcription coding. A list of every code created and agreed upon by myself and the assistant coder with the feedback of the auditor can be seen in Appendix I.

Once coding was completed for all transcriptions, I began the process of horizontalizing the data (Cresswell, 2013). I examined all significant statements to identify and name themes which were significant to the group of participants, treating every theme with equal importance. To do this, I created physical cards of each theme from all of the interviews, and I laid these themes out side by side to examine them. I collapsed, or combined, themes I saw that were labeling the same or similar experiences. Grouping the themes from the participants allowed me to begin to form an understanding of the essence of their shared experiences, which is the aim of imaginative variation.

After themes encompassing the essence of the experience were finalized using the interview data and member check feedback, I submitted my findings to the assistant coder and auditor for review. The auditor also had prior access to my written epoch and personal sandtray transcription, in order to be aware of my bridling process and the inherent biases I carry based on my own experiences of the phenomenon. I also provided each researcher journal completed after each participant interview to the auditor for review in order to highlight where my own biases may have been interfering with the process. The auditor reviewed my sandtray transcription and the participant journals prior to beginning the auditing process.

The auditor examined my interview transcripts and thematic findings in order to determine if my own preconceptions of the phenomena were interfering with my ability to examine and describe the phenomena as participants saw it. The auditor gave me written feedback on the thematic findings, indicating where biases may be arising and advising me of alterations that needed to be made. The auditor noted one pattern in my coding that he felt related to my own personal bias. This pattern was my tendency to avoid coding participant moments of internalized shame and judgement of other trainees with trauma histories. These sections of interviews were re-coded accordingly, although the codes were not endorsed by enough participants to be included in the thematic findings. The auditor did not note any bias significantly impacting the course of the interviews or subsequent coding and thematic findings. After reviewing the transcriptions with the completed codebook, he did recommend some additional coding on transcriptions which can be seen in Appendix K. The auditor pointed out that the initial grouping of “influential people/courses/assignments” had far more representative quotes

than other codes in my initial findings. Given the large amount of data endorsing people, courses, and assignments separately I decided to group these into separate subthemes rather than one overarching theme. I adjusted my findings to incorporate this feedback and reduce the effects of my own experience in order to come closer to the phenomenon with fresh eyes. After these adjustments were made, the auditor conducted one final review of the thematic findings.

With the themes developed from all participant interviews, I built a textural description of the phenomenon under study (Moustakas, 1994). This included text encompassing the themes identified as well as verbatim quotes of participants providing examples of each theme identified. The textural description (seen in Chapter IV) is followed by a structural description of the context in which the phenomenon occurs (seen in Chapter V), given the input of all participants (Cresswell, 2013). The structural description provides an understanding of the social and historical influences that may imbue meaning onto the phenomenon as it is experienced and described by the participants. Finally, I created a synthesis of meanings using the textural and structural descriptions of the phenomena. This synthesis is the essence of being a CIT with a history of complex trauma, and represents the core components without which the phenomena would not be what it is as described by this group of participants. This is the culmination of the research findings and represents the experience of being a CIT with a complex trauma history.

Trustworthiness

Trustworthiness is critical to ethical and rigorous qualitative research (Merriam & Tisdell, 2016). Trustworthiness refers to steps taken to ensure that researchers and the

consumers of the research can have “...confidence in the conduct of the investigation and in the results of any particular study” (Merriam & Tisdell, 2016, p. 438). The specific goal in carrying out trustworthiness procedures is to ensure that consumers or research and the researcher can trust the research findings enough to act on its implications. In particular, consumers of qualitative research should look for signs of credibility, transferability, dependability, and confirmability (Morse, 2015). For the researcher, this can be done by paying attention to and employing specific approaches in the study’s conceptualization, the way in which data are collected, analyzed, and interpreted, and in the presentation of any subsequent findings (Merriam & Tisdell, 2016). In this study, I used the following approaches to increase credibility: researcher as the data collector, use of in-person interviews, prolonged engagement, thick description, clarifying researcher bias, member checks, an external auditor, and triangulation. To increase dependability, I used member checks, thick description, and triangulation. To increase confirmability, I clarified my researcher bias, used an assistant coder, and used an outside auditor. To increase transferability, I used thick description.

Credibility

The researcher as the data collector. My personal engagement in the data collection process (i.e. by being the person to interview each participant) is a method with which I increased the credibility of the present research. According to Merriam and Tisdell, participant interpretations of reality are directly accessed through interview and observation by the human researcher. This removes the need for an instrument of data collection between participant and researcher (2016). This allows for a holistic interpretation of the phenomenon occurring as opposed to more quantitative instruments

which can only monitor a narrow scope of an occurrence. For this reason, the credibility of the research is largely increased.

In-person interviews. Because my data came from direct interaction with participants rather than another data collection instrument, there was a reduced possibility for participants' reality to be lost in translation. The nature of data collection itself increases the credibility of this study (Cresswell, 2013). Being in physical proximity to participants allowed me the opportunity to closely experience nonverbal communication, facial expressions, intonation, and other subtle components of interpersonal communication that may be lost through phone and internet methods of communication (Merriam & Tisdell, 2016). This allowed for a richer transcription and subsequent imaginative variation process in identifying essential themes. Conducting in-person interviews also allowed for an increase in comfort and subsequent depth of communication for participants. Given the nature of the research, an in-person approach to interviews provided a greater opportunity for intimacy in discussing what may be a challenging topic for many. This lent itself to a more successful data collection experience overall, and the emerging findings were likely more reflective of the true experiences of participants as a result.

Prolonged engagement. Conducting participant interviews, subsequent transcriptions, and data analysis meant that I was thoroughly immersed in the data (Crotty, 1998). This form of immersion is commonly known in qualitative research as prolonged engagement (Morse, 2015). Prolonged engagement is known for strengthening the credibility of qualitative research (Morse, 2015). Because of my approach to being the sole researcher conducting interviews and data analysis, I had a thorough

understanding of the nuances of each interview and emergent themes in a way that would not occur if separate individuals were conducting each component of the research process. While this could have been seen as a risk for researcher bias, I placed several trustworthiness procedures to combat any negative effects of being the sole researcher in the present study, which were described in this section. These included bridling, epoch, member checks, and the use of an auditor. With these safeguards in place, my continuous engagement in the research process was a strength lending itself to the credibility of the study, rather than as a deficit to the study's credibility.

Thick description. Thick description refers to obtaining an appropriate and sufficient sample of participants to provide a rich description of the phenomena occurring (Morse, 2015). When the description of a phenomenon is sufficiently 'thick,' the findings have depth and are not easily predictable, and saturation of themes is obtained. A researcher cannot determine if a sample will provide a thick description through a predetermined number of participants; rather, this can only be determined as the researcher begins to achieve data saturation in the data collection process (Morse, 2015). A thick description helps to increase the credibility of the study. Data saturation is another critical component of obtaining a thick description, which was achieved before ending the recruitment and data collection process.

While data saturation ensures that data gathering is sufficient, reaching data saturation is also a marker of credible research. As was described above, for a study of such an original nature using a TPR approach, I looked for inductive thematic saturation rather than traditional data saturation (Saunders et al., 2018). Data saturation helps to increase the dependability of the study, or the likelihood that the outcome of the study is

reliable across contexts (Morse, 2015). This is the case because data saturation means that a great enough diversity of interviews has occurred such that a pattern of similar themes continually emerge from new interviews, and any newly emerging themes do not further add to the ‘story’ of the participants. (Saunders et al., 2018). This research used data saturation to determine if enough participants have been interviewed to capture the recurrent themes representing the essence of the topic being studied.

Clarifying researcher bias. Morse (2015) notes clarifying researcher bias as a means to increase the credibility, and thus the trustworthiness of, qualitative research. This study used two processes through which to clarify researcher bias which are based in Phenomenological Research and Transcendental Phenomenological Analysis. The process of epoch and bridling was conducted throughout the research process to make the researcher aware of personal biases and create room for the clarity of participant experience. Epoch and bridling are important components contributing to credibility in that they help the researcher to identify and avoid personal biases that may be inherent to the qualitative research process (Morse, 2015). In particular, the bias of the researcher finding what they anticipate to find is likely to occur without constant vigilance about the researcher’s assumptions and predictions. Additionally, the nature of sampling in qualitative research contributes to finding a very specific sample of individuals whom may demonstrate or describe a phenomenon in a way that does not translate outside of the research environment (Morse, 2015). Epoch and bridling work to combat inherent researcher bias and increase the credibility of this study.

Member checks. As described in procedures, I requested member checks of the initial themes identified through the process of Transcendental Phenomenological

Reduction and Imaginative Variation. This allowed participants to add to or clarify their previous data for the researcher, helping to ensure that participant experiences were accurately reflected. Participant checks also helped to reduce the potential for researcher bias to interfere with the true essence of participant experiences. Honoring participant input through member checks of the codes identified ensures that the emergent findings of the study accurately reflected the individual experiences and connected quotations that I used in arriving at and justifying a particular theme. The credibility of the study was largely monitored through the use of member checks.

External auditor. Another approach to increase the credibility of the study is through the use of an auditor (Morse, 2015). The external auditor primarily acted to assess and disclose any instances of researcher bias in the interview and data analysis process. The auditor identifies as male and had no previous involvement in this research topic, and therefore, provided an objective and alternative viewpoint to me as the researcher. The auditor began with reviewing the transcription and picture of my researcher sandtray, in which I responded to the same sandtray prompt that I provided to my participants: “Create a picture in the sand depicting your experience as a counselor-in-training with a history of complex trauma.” This gave him a base from which to be aware of my experience and how it may appear as bias in my research process.

The auditor worked to oversee my research process and helped me reduce the effects of my own biases on the data gathering and analysis in this research. First, the auditor received the audio recording of my personal sandtray processing for review so that they understood my own experience and biases as they related to the present research. As I began the data analysis process, the auditor participated in the creation of

the codebook with myself and my assistant coder. This included reviewing and providing feedback on the initial coding for the first two interview transcriptions. His feedback was incorporated into the original coding and subsequent codebook which was created from the first two transcriptions. The codes identified in the first two interview transcripts were used to code subsequent transcriptions with the exception of newly emerging themes.

The auditor reviewed my process with every participant, which included review of the interview transcription and coding, picture of the participant's sandtray, and researcher journal for that interview. In this way, the auditor was able to examine and note where my process with the participant may have influenced the course of the interview or subsequent coding. This process was completed for every interview.

The auditor received my initial coding after interviews were conducted, and the auditor reviewed the findings and participant data connected to each theme to determine the accuracy of my initial coding. The auditor gave me written feedback regarding their perceived accuracy of my initial findings, including any areas where they felt my own biases were inaccurately influencing my data interpreting process (Morse, 2015). I edited my initial findings to incorporate the feedback of the auditor prior to sending initial coding to the participants for member checks. After member checks and final thematic findings were determined, the auditor completed the same process, this time reviewing and highlighting any quotations I had not coded which he felt fit the final themes. These suggested quotations can be seen in Appendix K. This will be done by evaluating the accuracy of the final themes against the attached participant quotes and information about my biases gained from the epoch process. I edited the themes to integrate the feedback of the auditor prior to the final write up of the research.

Triangulation. I incorporated the use of multiple sources of data to increase the trustworthiness of the research. Data were drawn from individual interviews, the creation and processing of sandtrays and subsequent sandtray photographs, and any follow-up comments and corrections resulting from member checks. This allowed for triangulation of multiple points of data (Cresswell, 2013). The chances of data being misinterpreted by me were reduced when the participant's experiences were recorded through several mediums and documents (i.e., interview transcriptions, physical visual documentation, and member written commentary). The verbal response to the interview protocol, sandtray, and verbal processing of the sandtray from each participant was helpful in providing a richness of data to contrast. This also gave the participants a variety of mediums through which to communicate their experience, and multiple opportunities to clarify their experiences with the researcher.

Dependability

Member checks. For the purposes of increasing dependability, member checks are helpful in ensuring that the researcher understands the participant experience. This begins with ensuring that the researcher is careful to listen and clarify in the interview that they understand what the participant is relaying (Morse, 2015). This also includes providing transcriptions to participants and requesting that they check for inaccuracies and areas for improved understanding (Morse, 2015). Because I was the primary data collection instrument, I worked to ensure that I was hearing and correctly interpreting participant experiences, and I gathered participant feedback through member checks to increase the dependability of the study.

Thick description. For the purposes of dependability, thick description brings the replication of key themes in qualitative research (Morse, 2015). The more a data set is rich in representation and description of participant experience, the more likely the replication of findings will be evident; thus increasing the dependability of the study. Reaching my target sample size, the steps I took to attempt diverse recruitment, and gathering data to the point of saturation contributed to providing a thick description that confirmed the dependability of the present study.

Triangulation. The reasons for using triangulation for increased credibility are very similar to their use in increasing dependability (Morse, 2015). For reliability specifically, triangulation of multiple data points provides an avenue for the researcher to scrutinize research findings. The researcher should be looking for similar results from both data points; for example, what participants describe in processing their sandtray should match the experience they describe in their initial interview relatively closely (Cresswell, 2013). The additional data point of follow-up responses from participants served as a third data point which I could triangulate to determine the reliability of the data being uncovered.

Confirmability

Clarifying researcher bias. Epoch (Moustakas, 1994) and bridling (Cresswell, 2013) assisted in increasing the study's confirmability in much the same way that they increased the study's credibility (Morse, 2015). The steps taken to conduct epoch and consistent bridling throughout this research served to bring to light my own biases and ensure that they were checked and that their effect on the research process is reduced greatly (Moustakas, 1994).

This process is directly related to consumers' ability to confirm that my own desires and biases for the research did not sway the findings. Through the process of clarifying my bias, the confirmability of the study is largely credited, and the credibility of the study was inherently increased (Cresswell, 2013).

Assistant coder. For the purposes of increasing confirmability, using an assistant coder ensured that I was creating codes that were truly reflective of participant experiences rather than my desired or anticipated thematic findings (Morse, 2015). Having another individual to provide coding perspectives and discuss when researcher bias may be influencing the coding process increased the confirmability of this study.

External auditor. In much the same way as the assistant coder, the outside auditor worked to evaluate how and to what degree my own biases were influencing the overall findings of the research as compared to my epoch, personal sandtray, and researcher journals. He acted as a second balance in reflecting to me when my own biases were interfering with objective data interpretation so that I could correct my findings to accurately reflect the experiences of the participants, thus increasing the confirmability of the study (Morse, 2015).

Transferability

Thick description. Korstjens and Moser (2018) note thick description as more than obtaining a sufficient sample and description of the phenomenon. As the primary means through which to increase the transferability of the study, the researcher should use thick description as part of a process to understand and encompass the historic, social, and contextual factors that influence the experience and interpretation of each participant. In this study, I laid out a literature review detailing the history of trauma and counselor

training as it relates to the topic of study, which is a beginning to understanding the contextual factors that may have influenced the experiences of participants. During data gathering, I worked to understand and portray an accurate description of the participants and their experiences that is sufficiently thick to represent their data in the greater context of society, thus highlighting how the study may be transferable to different populations and contexts.

Conclusion

In this chapter I detailed the reasoning for the use of a constructivist paradigm, interpretivist epistemology, and phenomenological methodology for the present study, in addition to the theoretical foundations that guide the study. I described the process of Transcendental Phenomenology (Moustakas, 1994) which include epoch, phenomenological reduction, and imaginative variation. I presented my epoch which details how I worked to ensure a quality interview process and shared interpretation of participant reality. Specific procedures for sampling, recruitment, data collection, debriefing, follow-up, and data analysis were discussed. The methods I discussed in this chapter assisted me in providing rigorous and quality research regarding the essence of the experience of CITs with a history of complex trauma.

CHAPTER IV

FINDINGS

Introduction

In this chapter I present the findings of the study. I begin by presenting an overview of the research participants, including salient demographics and a brief description of the participant's disclosure of their traumatic experiences. I then present the themes emerging from the data, which represent the characteristics without which the phenomenon (being a CIT with a history of complex trauma) would be. Each of these themes is defined, including a direct quote from participants which demonstrates the essence of that theme. Finally, I provide insight into my process of epoch by discussing the results of my auditor's review and my self-reflection on each interview. A visual representation of themes can be found in Appendix J.

Participants

Nine individuals participated in the study, with seven of the participants identifying as women and two of the participants identifying as men. Seven of the participants identified as Caucasian, one of the participants identified as Hispanic/Caucasian, and one participant identified as Mexican/Italian/Cherokee Indian. The participants ranged in age from 25-53. The participants were enrolled in three different institutions. I will introduce each participant and provide their self-identified demographic information including age, race/ethnicity, gender identity, and years enrolled in a counselor training program, below.

Each participant chose an original pseudonym to protect their anonymity, and these pseudonyms are used throughout. All participants completed the entire research process, including the demographic and screening process, in-person interview, and follow up/member check process.

Penelope

Penelope is a 27-year-old woman who also identifies as Caucasian. Penelope recently completed her second year in a counselor education program. Penelope described experiencing child sexual abuse for a period of time in her family of origin. A picture of Penelope's sandtray can be seen in Figure 1 below. In completing her sandtray, Penelope described herself in different phases of her training. She described her most current self as the enchantress and jade figurine in the top center of the tray, and explained that these figures are empowered components of herself that trust her intuition. The chair and magnifying glass, and the construction vehicle represent Penelope's self-examination of her history as a component of her training. Penelope's early training is represented by the baby elephant in the top right corner, with her colleagues represented by the other cartoon-like animals who she described as different from her. The middle of Penelope's training is marked by the blond muscular figurine and batman figurine in the bottom left corner. Penelope noted that both of these were a time in her training in which she felt the need to present herself in a certain way to be protected and effective in her training. The tombstone represents her traumatic experiences, and the dragon represents the continued dragons that Penelope must slay as she continues to grow as a counselor.

The small horse in the bottom center of the tray represents Penelope's frustration with continuing to deal with her trauma in her training. The trees throughout the sandtray represent the element of nature as healing to Penelope.



Figure 1. Penelope's Sandtray.

Daisy Duck

Daisy Duck is a 45-year-old white woman who has been enrolled in a counselor education program for three years. Daisy described experiencing childhood emotional and physical abuse by a caregiver. In Daisy's sandtray (see Figure 2), she represented herself as the enchantress figure in the middle, surrounded by different components of and important people in her experience. Daisy's traumatic experiences are represented by the tombstone. Her clinical work and clients are represented by the fish and raccoon figurines in the bottom right of the sandtray. Her daughter, who experienced trauma while Daisy was enrolled in her training program, is represented by the character riding the wolf in the bottom center of the tray. Daisy's tray had several elements of self-work depicted, including the use of the construction vehicle, mirror, and magnifying glass.

Elements of chaos described as the joker figurine and the chicken represent the chaos of Daisy's family responding to her daughter's traumatic experience while completing counselor training. Daisy did not have any follow-up information to add upon her member check, but did agree with the coding of her transcription.



Figure 2. Daisy's Sandtray.

Grace

Grace is a 27-year-old Caucasian woman who has been enrolled in a counselor education program for two years. Grace described experiencing repeated domestic violence with her then romantic partner as a young adult in college. In her sandtray (see Figure 3), Grace depicted herself as the figurine on the far right in the pink wooden pen, with the realistic animal figurines being program faculty and the cartoon-like animals being her program colleagues. Grace's protective boundaries are represented by the pink pen and the wall of blocks and wooden furniture between her and her colleagues and faculty.

The figurines on either side of her represent her a few close friends in the program who know more about her. Grace did not have any follow up information to add during her member check but did confirm her agreement with the coding of her transcription.



Figure 3. Grace's Sandtray.

Hallie

Hallie is a 37-year-old White/Caucasian woman who has been enrolled in a counselor education program for three years. Hallie described experiencing childhood sexual abuse of an undisclosed nature. In her tray (see Figure 4), Hallie represented herself as the blue brain in the pink wooden pen and described the moments when fear of disclosure and shame keep her 'penned in' from being her most authentic self. She is also represented as the starfish in the line of animals on the left, with the other animals representing her colleagues in the program. The tombstone represents her traumatic experiences. The golden figurine and use of the starfish represent her pride in her personal healing and growth as a counselor. Hallie did not have any follow-up response to her member check. Hallie did request a minor correction to her transcription- I had

understood her discussion of a term ‘imago’ as an acronym IMAGO. This error was corrected in the transcription. Other than this correction, Hallie agreed with the coding of her transcription.



Figure 4. Hallie’s Sandtray.

Angie

Angie is a 26-year-old woman who identifies as Mexican/Italian/Cherokee Indian and has been enrolled in a counselor education program for four years. Angie described experiencing multiple complex traumatic experiences, including several incidents of childhood abuse and a near-death experience that required extensive physical recovery. Angie represented herself in two instances in the sandtray (see Figure 5)- one as a lion cub (pictured on top of the pink wooden pen) and another as the “wolf rider” behind the eagle figurine. The eagle represents Angie’s faculty in her training program, and golfer represents the university administration.

Angie's traumatic experiences are represented by the tombstone, and the shift in meaning-making that Angie describes after her near-death experience is marked by the railroad crossing sign. Angie did not respond to the member check and follow up prompt.



Figure 5. Angie's Sandtray.

Miriam

Miriam is a 25-year-old Hispanic/Caucasian woman who has been enrolled in a counselor education program for two years. Miriam experienced childhood sexual trauma of an undisclosed nature. Miriam represented herself in three instances in her sandtray (see Figure 6)- as the half-buried lion cub, the three headed dog, and the dragon. Her trauma is represented by the jade figurines and described as "ghosts that pop up," and her family and friends are represented by the figurines in the top right corner of the tray.

Miriam described the fence in the right corner as the boundary that she keeps between her friends and family and herself in terms of disclosing her traumatic experiences. Miriam agreed with the coding of her transcription and responded to the follow up prompt.

Miriam had this to say in her response:

After reviewing my sandtray and interview experience, I'm starting to realize how much I have been struggling with the idea of being more open with my trauma history. Lately, I have been listening to a lot of podcasts and reading books about strong women who have embraced the terrible things that have happened to them and became advocates for others with similar experiences. My goal as a counselor is to be able to help others regain their feelings of self-worth and to not let their trauma overwhelm or overpower them. My biggest issue around this is that I have kept this part of my narrative hidden for so long that I'm not even sure how to talk about it. I still have a lot of shame and guilt around my trauma, and I have a lot of anxiety around what others might think of me if they had more details. I also worry that my co-workers and classmates would view me as fragile and lose confidence in my abilities as a counselor. I have also received a lot of negative messages from other professionals, telling me that counselors with a trauma history are more at risk for making mistakes and burn-out easier. I have a lot of anxiety and fear around this. On a more positive note, there are aspects of my trauma history that I am grateful for. I think it has allowed me to have a lot of patience with my clients. I'm also a lot more comfortable with silence because I know how hard it is to find the right words to talk about these things and the courage it takes to allow oneself to be vulnerable even if goes against our first instinct.



Figure 6. Miriam's Sandtray.

Katie

Katie is a 38-year-old Caucasian woman who has been enrolled in a counselor education program for three years. Katie described experiencing childhood sexual abuse by a family member. In her tray, Katie represented herself as the elephant in the pink wooden pen. The pirate standing on the pen represents a colleague in the program, and the eagle represents her “hope for the future.” The army and construction men represent her cohort members, with the construction men being the ‘safer’ colleagues and the army men being the ‘less safe’ colleagues. Her traumatic experiences are represented by the dragon in the upper right corner. Her faculty are represented by the jade figurines in the bottom center of the tray, with a magnifying glass symbolizing their role in encouraging Katie’s self-awareness and self-reflection. The trees behind the faculty represent the future clients that Katie hopes to help after graduating. Katie had one correction to the coding of her document-specifically, Katie noted that she felt that her religion and spirituality had a positive influence on her healing rather than a negative influence as I had previously coded. She clarified that while a component of her trauma was religious in nature, her experience with spirituality was not. This was corrected in the transcription.

Katie had this to say in follow-up:

Just to process reading the interview: It's interesting because I said "like" a lot as an adolescent and thought I had broken myself of that habit. I feel pretty sure that that I don't say it when conversing in non-stressful situations, so I wonder how much of that is regression when discussing the trauma/influence of trauma. Or if I really am just that unaware of saying "like", although I talk with my mom fairly often and it's a huge pet-peeve of hers and I'm pretty sure she would comment if I was still using it that often. It's just interesting that I can almost hear myself talking like a child when reading the dialog.

Also the laughter. That I laugh when I talk about my trauma is something that has bothered me as long as I've been talking about my trauma. I know I do it to make anyone I'm talking to more comfortable, but it really annoys me that I do it and that even though I know I do and want to not laugh, I can't seem to break that coping mechanism.

I really appreciated the opportunity to reflect on the influence my trauma history has on my education and the way I perceive my peers. Being able to process through the sand tray was also a unique and eye-opening experience.”



Figure 7. Katie's Sandtray.

Clark

Clark is a 53-year-old Caucasian male who identifies as German/Irish/Swedish in ethnicity. Clark has been enrolled in a counselor education program for three years. Clark described experiencing emotional abuse by a caregiver and witnessing the emotional and physical abuse of his siblings by a caregiver in addition to the sexual abuse of his sibling by another sibling. In his sandtray, Clark represented himself as the red-haired human figure towards the middle of the sandtray, and represented his tendency to want to move ahead quickly in the horse foal in the top left of the sandtray. He described components of his experience in training with the other miniatures. The army men and construction

workers represented the courage and hard work required of him in his training. The elephant represented some of the qualities that he loved in his father, who perpetrated the abuse. The elk represented the majesty of counseling work and his divine calling to be a counselor. The items in the bottom middle of the tray-the metal blocks, squash, and the hay bale represent the ‘fruits of the labor’- Clark’s payoff for doing personal work and the payoff he sees for his clients. The items in the wicker basket in the bottom right of the tray represent what is required to do self-work as a counselor- the magnifying glass, clock, and a glass heart. Clark’s trauma is represented as the lizard hiding under the log-small but still remaining, although Clark intentionally made the lizard small and not the focus of the tray. The nature elements represent Clark’s love of farming and nature as personally healing properties.



Figure 8. Clark’s Sandtray.

Jack Frost

Jack is a 31-year-old White/Caucasian male who has been enrolled in a counselor education program for 2.3 years. Jack described experiencing emotional and physical abuse by a caregiver. In Jack's sandtray, he is depicted as the dragon in the bottom center. Jack described the rest of the figurines as fighting characters opposing his dragon. He tied in the action in his tray to the theme of "anything is everything and everything is too much," a feeling he discussed as related to his trauma history. Jack described an overall theme of empowerment and loneliness in the dragon in his sand tray. Jack did not have any follow-up to add in his member check, but he did agree with the coding of his transcription.



Figure 9. Jack's Sandtray.

Results

The assistant coder, auditor, and I reviewed and coded the first two interview transcriptions (Penelope and Daisy) independently in the initial stages of analysis. I combined all three documents with our independent coding and from this, the assistant coder and I incorporated all feedback to refine and rename codes as well as ensure that all codeable information was coded. From these final two documents, we created a codebook by which the majority of codes existed for further coding of the other interview transcriptions. Interview transcriptions, sandtray processing transcriptions, and member check responses and follow up prompts were reviewed and coded via the transcendental phenomenology approach detailed in Chapter III, and using the codebook created. Participant sandtray photographs and the researcher's sandtray processing transcription, sandtray photograph, and researcher journals were reviewed by both the researcher and the auditor. Newly created codes were reviewed by the auditor, since he reviewed and provided feedback on all subsequent coding of transcripts after the creation of the codebook.

The initial stages of data analysis resulted in identification of over 15 overarching codes and 160 sub-codes. A listing of all initial themes can be seen in Appendix I. Interview transcriptions, sandtray processing transcriptions, and member check responses and follow up prompts were reviewed and coded via the transcendental phenomenology approach detailed in Chapter III. I reviewed every transcription and created a document listing every single code in every interview. I then wrote down every theme listed on stock cards and spread these out on a wide surface to physically view and sort them. To begin the horizontalization process, codes were grouped into similar types. The initial

themes were then reviewed, organized into categories, and redundant themes were combined. From this initial reduction of themes, 19 representative themes were created.

Themes were sorted and reduced based on content endorsed by the majority of participants. The final themes emerging from the data set were selected with the final goal of Transcendental Phenomenology in mind. More specifically, to create a set of descriptors that are critical to knowing the essence of the phenomenon, or those characteristics without which the phenomenon would be what it is (Moustakas, 1994). The main themes were placed into groupings which help to organize the topic of the themes into categories for the reader. The groupings and themes can be seen in the visual diagram provided (see Appendix J), and are discussed in this chapter. A visual of participants' endorsement of themes can be seen at the start of each Grouping description, labeled Tables 1 through 5.

Groupings

Table 1

Grouping One Endorsement: Experiencing Complex Trauma

Theme	Participant								
	Penelope	Daisy	Grace	Hallie	Angie	Miriam	Katie	Clark	Jack
Trauma is Never Done	✓	✓	✓	✓	✓	✓	✓	✓	✓
Continued Contact w/ Trauma System		✓		✓			✓	✓	
Trauma as Part of Personal & Professional Self	✓	✓	✓			✓			
Questioning Normalcy & Effectiveness	✓		✓	✓			✓		
Feeling Alone	✓		✓				✓		✓

Experiencing complex trauma. This grouping represents the multitude of shared thoughts and feelings participants described about being a person who has experienced complex trauma. This grouping was specific to personal components of participants' experiences, although they often described these thoughts and feelings as inseparable from their training experience as well, as Jack does:

...it's just so many things. So many, um, issues, like, 'Why does my C-PTSD influence every area of my life?' Why does it have to be, why isn't it more than one thing? Or two things? It has to be everything.

While the research question was specific to participant training experiences, participant responses and my own sandtray processing revealed that the personal components of experiencing complex trauma cannot be untangled and compartmentalized from the training experience. The two are experienced simultaneously, and this grouping acknowledges this critical component of the data. The themes described here apply specifically to the personal experiences of participants as they arose in relation to the research question.

Trauma is never done. In describing their experience, participants described conflicting feelings of acceptance and exasperation related to their traumatic experience as ever-present and a part of their conscious experience in training. The participants described going through bouts of self-compassion in recognizing trauma healing as a grief process that is recursive, and at other times feeling incredibly frustrated to continue dealing with the residual effects of their experiences. Angie provides an example of this theme: “And I think that [trauma] is very much a part of the human experience, like, ‘Oh my god, I’ve been dealing with this forever.’” All nine participants described feeling that the processing of their trauma is always present. Despite the desire to ‘fully heal’ from trauma and find a ‘finite end-point’ in trauma healing, all participants acknowledged that the effects of the trauma they experienced is still present in their personal lives and in their training experience. As Penelope stated,

It is part of my identity. And while I am not defined by what happened specifically I am very much like (laughing) have to work within the bounds of what my survival means for me. And the experience, how it impacted me. Like how it changed basic functions of my brain. Trauma, (laughing) fucks you up! And there’s no way around that.

Penelope described seeking and consuming literature to better understand the effects of her experience on her life, and chooses to identify as a “trauma survivor”. Clark described his feelings: “...it’s a process. And I will never be fully healed, in my opinion, until I see Jesus...But until that time, I will continue to press forward and on.” Many of the participants described a recursive process in which they desired or believed that they had fully healed from their experiences, and the frustration of realizing that they were still processing and being affected by their trauma history. Five participants described emotions resulting from acknowledging the residual effects of their experiences, including anger, frustration, and apathy. Miriam stated:

... so my experience in the program. Finding like more and more of these like, kind of ghosts of memories that I have are things that I remember from, um, my trauma. That just keep popping up. Um, and, I feel like I have this sense of urgency and that’s why I got this little clock that I need to, you know get everything completed in therapy, and that I need to have completely healed and have nothing be triggering for me as much anymore. Yeah. To get it all just handled and taken care of. So I don’t have to like look at it or think about it again.

Miriam later described finding resolution and self-compassion in the metaphor of trauma as a weed, that continues to arise and must be dealt with each time:

I had to read a book for class, and she has a chapter talking about like trauma, sexual trauma and, like kind of compared it to like an invasive weed, And that, you know, I don’t remember exactly how she worded it but it was like, things pop back up later in life, and it doesn’t, you know...kind of...I don’t know, make any part of like, the work that, my own counseling work that I did do, it doesn’t make it any less, does that make sense? Or that it didn’t count. Or that I didn’t work on it. It doesn’t discredit it.

Many acknowledged the presence of trauma in their sandtray, including Hallie: “And so then it’s the timeline. And I feel like...my trauma, rests in peace, but rest in pieces seems more appropriate cause it always, it probably will always come back in some degree or

other.” Hallie described her spiritual process in coming to terms with the ongoing effects of her trauma. Daisy noted similar sentiments:

So this is, um, how I view my trauma history. And that, I thought it was done, like, it’s all stuff that happened but whatever, I’m just gonna go on. Um...it’s not gonna impact me anymore. But it’s very much alive here. And that danger...the lion to me looks just like, it’s ready to pounce. And it strikes me as still feeling dangerous. Um...so yep, this corner over here is sort of the, the trauma that is still real for me. In a lot of ways that I had hoped was dead and buried.

Daisy finds continued healing in better understanding her experiences through the knowledge her training has provided her, in addition to working with child survivors of trauma.

Continued interaction with the trauma system during training. Five participants endorsed this theme which encompasses any description of continuing interaction with the individual or family system who was a part of the participant’s traumatic experiences while in their training program. While participants did not elaborate on the direct impact of these experiences on their training, this theme is described because participants explained that navigating the emotions of family interactions while completing their training posed an extra challenge for them. Additionally, three of the participants described the desire to compartmentalize the effects of interacting with their system from affecting their training experience. Daisy provides an example of this theme:

And so, I was like, ‘Can I just have one area of my life where my dad does not impact me, can it be school? Can I just, be in academic, and study and learn it all, and do that, and not have this come in?’

Participants described their experiences of continuing to navigate interaction, confrontation, and healing with the individuals who were a part of their trauma history. Daisy continues describing interacting with her father:

I learned...I created a lot of, I think I mentioned, my dad was still alive, he was still actively doing...I had to set some pretty big boundaries there. And it was a little easier to do because he was getting, he was ill, and not around very much. There was a lot of space put in. I needed that, like space from him so that I could stop that just, getting re-injured. Having all these wounds just opened up, opened up, every time.

Daisy later described using the knowledge and skills obtained in her training to navigate an abusive interaction with her father in adulthood:

But in the course of that evening, as I sat with him for a few hours, he berated me, screamed at me, hollered at me, like I had not heard him do...I mean this is the dad I remember, My whole life. Like, he let me have it...But, to sit in that room, and have him...just shoot blistering rage at me. And all of the things that used to get me so escalated as a kid, and so fearful, and wanting to run away and, sit in that chair and use all the counseling skills I have, to be like, 'Yeah, you're pissed. You don't want to be here. You really wish this would be done. You have no idea why you're still here. You don't know why it's taking so long.' And just reflect it back at him and be a calm, grown ass woman in that room instead of a scared kid, was incredibly healing.

Clark described an empowering experience providing hospice care for his father:

...my dad was under hospice care, and that's where most of my trauma came from (long pause) (tearful) I'm sorry. (long pause) So I've really done my work. I got to be one of his caregivers in hospice...I did his morning routine with him, and there's nothing more honoring and beautiful, than to work thorough your stuff, and then to be, as the victim, you know to help the perpetrator, now, for me it was safe enough...But um, to love him, in his last days was a gift.

Clark described feeling healed in the relationships with his other family members who also experienced abuse, and noted honest communication as a quality amongst his family members that allowed for healing to occur. Hallie described the impact of navigating her mother's inability to understand or support her:

The other thing in my own story, my mom is very minimizing. She doesn't know my story at all really, outside of the eating disorder...Like it's not, she doesn't have any emotional capacity. And so what I've been doing recently is like, telling my story to her...and I already know what she's gonna say, but I'm still going to tell it. So that's powerful for me.

Hallie described coming to terms with her mothers' lack of emotional availability and has continued contact with her mother.

Trauma as part of the personal and professional self. The participants endorsing this theme spoke of their traumatic experiences as inseparable from their personal and professional selves. Penelope, Daisy, and Angie all acknowledged feeling that their experiences with complex trauma influenced their perceived self-identity. An example of this is described by Angie:

I don't identify with the word survivor, because in my mind that implies that I was strong enough and there are people who weren't, so that doesn't fit for me. And, at the same time, I did overcome a lot of things that I was dealing with when I was younger.

Penelope described her desire to share this part of her identity and the phenomenon of her experiences being a 'hidden' part of her identity that only she could choose to share:

...they would be like, 'Your experience, what happened to you, isn't you, and your experience doesn't define you,' and whatever, and I, I get the sentiment of that, but I struggle with the language because, what happened to me, me being a survivor, is part of my identity. It has shifted my person in certain ways that people with, who have not, like who are not survivors haven't shifted. Like, it is part of my identity.

Penelope also described an in-group comfort in sharing her experiences with me as a researcher who also has a history of complex trauma: "You get it. In this room, you get it. And I feel like that with you or with like um, a friend of mine that's in class with me this morning, there's like a peace there that doesn't exist in any other space[s]. Even with my own partner, that the anxiety is reduced because he loves me and we worked through that but...there's a sense of ease in this culture of like, I don't have to explain myself because you've been there!" Daisy feels that this part of her identity is a unique strength that should not be excluded from her counseling work:

I am who I am...you know, as, you know, take it, good or bad, like that...the way I was raised, the way I lived for the first, however many years I lived with my dad, and even after that (laughing) carrying that into my experiences, I don't leave that behind, you know? That piece is there, and now, being aware of that, and naming that is what enables me to channel it. And being reflective about it. And I go, you know, every counseling relationship I enter into I am who I am. A mom, I'm you know, a daughter, with an abuse history, I'm, you know, a wife, I'm, I'm just, I'm all of those things. And I think in the beginning I felt like I had to compartmentalize that, like 'Don't bring it up'...But now saying, like, 'This is my experience,' of whatever it is. And I bring this into every relationship I have. I can't like, cut off my arm and leave it out there. This is a piece of who I am. And the abuse history that I endured, and what I have, how I have made sense of that in my life, how I have decided to use it, um, I've, it would be silly to leave that outside of the room. I mean, as long as it's like, using that piece as empowerment instead of you know, cowering in fear with it or reacting to it...

Participants explained their experience as a form of diversity for the unique challenges it presented them, but also for the unique strengths that it brings to their counselor training.

Questioning normalcy and effectiveness. This theme encompasses moments when participants described concern that they are distinctly different from others because of their traumatic experiences. This also related to moments in which participants questioned if they were capable of being an effective counselor due to their experiences with trauma. Specifically, participants described feeling different from their peers in their training programs. Penelope provides an example that arose in her sandtray: "But I think right away felt a little sense of, otherness. Yeah. I'm the little elephant. It's like, we're all animals. But everyone else is sort of in that like, they get something that I'm not getting." Six of the participants endorsed this theme when discussing the experience of being a CIT with a complex trauma history. This often appeared in the form of self-doubt or questioning whether their thoughts and feelings were normal. Penelope described these feelings arising from the societal culture of silence that often surrounds individuals who have experienced trauma:

It's hard to know anything but my own perspective, but I think at times I felt like, um, the same message I got as a child, which is like, 'This is inappropriate and therefore you're inappropriate,' I think was the message I took away. So then feeling you know...like, what's appropriate? I don't know what's appropriate because I experienced something so vastly inappropriate so young, like appropriateness is not on my radar (laughing), so, help me!

This theme was also represented uniquely in Jack's sandtray as he described his choice of miniature to represent himself:

I suppose others might see the dragon as the enemy or the bad guy, whatever but that's not necessarily the case. It's not my fault I'm the dragon...that perhaps, it's viewed as the bad guy. By some of the villagers and people trying to attack it...I wonder if that speaks about my feelings of either my mother or the people who just misunderstood me.

Several of the participants seemed to endorse this theme most in relation to questioning the normalcy or appropriateness of their interpersonal behavior, as Hallie describes:

Yeah, like, or am I emotionally unstable, or...? You know that's always in the back of my head a little bit. I would say reality checking, I am very stable, I've done a lot of work, but that tape is always playing.

Hallie described the 'tape' of self-doubt playing in several of her vulnerable moments in training, including a negative supervision experience at her internship site. Katie had similar moments of self-doubt:

I think that's what she said, functional. That you're able to function so well having been through so much, And it's like. Like I don't know. And then it like, that always has sort of like, that teeter totter, like, 'well do I function well? I have no good friendships!' (laughing) and I haven't been able to meet anyone here, you know what I mean? And like if the pillars are work, family, social, and I don't have one of those like how well am I functioning?

While Katie described being in an environment with many trainees who identify as having a trauma history, she still reported feeling out of place:

...it's just interesting because it feels like a lot of people here have had trauma but I don't know about complex trauma. I feel like it's, I don't know. It's difficult to compare, but there's also like different aspects that go into like, repeated or, I don't know, layered (sighing), um. So...I don't know.

In describing their thoughts, participants also described concerns that they were unaware of the extent of their being ‘different.’

Feeling alone. Six of nine participants endorsed feeling alone as a part of their experience. This theme represents participants’ descriptions of feeling isolated from connecting with others as a result of their experiences with trauma. Hallie provides an example: “I thought I was the only flawed person and no one had any stories, especially with a lot of peers coming from really strong homes, most of them.” This theme is distinct from the theme of “Feeling Different” in that it denotes specific feelings of sadness and isolation described by the participants. Katie described this:

So, it’s kind of been, like that I think has been like a lifelong struggle, of like, um, just like, you know. Before counseling, shame about all my experiences, and not feeling like I can relate to other people because I was so ashamed, and then to feel like, ‘Okay, I’m not ashamed, but I also still don’t have these like skills to develop friendships,’ ‘cause I was never able to. And so I feel like I’m trying...but I still can’t seem to connect to people...

Several of the participants represented feeling alone in their sandtray, including Miriam:

And then, this over here kind of blocked off from like, my, my friends and my family, my support system. Um, yeah. ‘Cause I will reach out for help sometimes, but they don’t know the full extent of kind of what I’ve been going through. With like my trauma history. Just trying to, yeah. You know. Like they think I’m just over here having fun but they have no idea, what I’m going through.

Miriam noted that sharing her history with a few more important people in her life was a goal for her healing. Jack made a clear link between his trauma experiences and feeling alone:

So yeah there’s two things. One is empathy. And the other is loneliness. This feeling that, at least for me, that I can’t be understood. Because nobody has seen the kind of things that I’ve seen. And of course that’s not true. But even, as a counselor, uh, in training, um, I found my people, even with this group, there’s still a great deal of individuals who have not experienced or seen these things.

Jack noted that for him, feeling alone may also be a detrimental train of thought: “But I also have come to the realization that it is um, it’s quite prideful, to believe...in this loneliness. To believe that we can’t be known.”

Table 2

Grouping Two Endorsement: Healing from Complex Trauma

	Participant								
	Penelope	Daisy	Grace	Hallie	Angie	Miriam	Katie	Clark	Jack
Theme									
Individual Counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓
Meaning-Making		✓	✓		✓				✓

Healing from complex trauma. This grouping represents the moments in which participants described parts of their experience in understanding, making sense of, and healing from their traumatic experiences. Hallie provides an example:

And also through, I feel like the last eight months, I’ve finally gotten into this place where, nightmares aren’t as bad, the flashbacks aren’t as bad. My level of tolerance has gotten way bigger. I don’t have to be overly prepared anymore even though I like to be, cause the whole surprise with trauma thing (laughing) is not great, but I definitely feel like I’m learning, things aren’t as scary and intense, so when things do come up in class or with a client, I’m like, ‘Okay, this isn’t your story, this is over here,’ And so that’s my work.

Like the experiencing of complex trauma, this theme was inseparable from the training environment, and for the participants, it had some of the closest connection to their desire to be an exceptional counselor in terms of the actions they took in the healing process.

Individual counseling. This theme describes instances in which participants discussed attending personal counseling for their trauma as part of their experience. One

example is Clark's description: "So I've really done my work...I've been doing therapy, group therapy...so that has helped me a ton." Every participant endorsed attending individual counseling as a part of their healing process. Penelope described her desire to attend counseling to ensure that she could become an effective counselor herself:

I think, I wanted to be a counselor for a lot of years but I waited five years between undergrad and graduate school, because I sort of had this sense of like if I don't get some of my stuff out on the table it's just going to impact future clients and stuff like that. And so I just felt like I needed to do some of my own work and was in counseling and um, some trauma therapy and stuff like that.

Katie also noted being in individual counseling for several years before beginning training: "I was in counseling for about...gosh. Four years I think, maybe five, before I started, so yeah. Five years before I started the program." Grace utilized personal counseling as a space to process her experience in training: "So I do have, like I have a therapist, so I was able to process my experiences as a counselor. Yes, somewhere, yes. But not at the school, not in my training program." Every participant felt that their experience in individual counseling was important to their healing and to their development as a counselor.

Meaning-making. This theme represents moments when participants described finding meaning in their traumatic experiences as a component of their current way of being and their healing. Miriam's follow-up response from her member check provides an example:

Lately, I have been listening to a lot of podcasts and reading books about strong women who have embraced the terrible things that have happened to them and became advocates for others with similar experiences. My goal as a counselor is to be able to help others regain their feelings of self-worth and to not let their trauma overwhelm or overpower them.

Four of nine participants described meaning-making. Grace described working as a victim advocate as the beginning of her process of meaning-making, and influential in her choice to become a counselor:

So, that I would say was like, the defining kind of piece in wanting to become a counselor. And then in particular, I am interested in working with trauma victims and domestic violence and sex assault. Um, I worked in a safe house for two years. And so like doing that work, advocacy is very different from counseling but it was like, super fulfilling and like, yeah! And then making meaning out of what happened.

Angie described pride in herself and who she has become in light of her experiences:

I'm not ashamed of what I went through. Um...what I am ashamed about though, is...I'm trying to think of how to put it into words. It's almost like I feel like, I needed to go through those things to be the person that I am. And so I need people to know that I overcame these things. And so that's why I share about it. Is like, I need people to understand that I am whole, and I am strong and resilient, and intelligent, and, and that I really, really, really do care about this work!

For Angie, making meaning of her experiences was empowering, and sharing her process was an important part of her passion for advocacy. Angie was not alone in ascribing clinical strengths to the meaning of her traumatic experiences. Jack described the impact of meaning making on his own story as well as how he views his work as a healer:

These were the hands, or this is the hand, these are the cards that I was dealt. And it sucks, I don't like it, but I'm able to, after a lot of time, I have been able to, um, to see that...my story, though I've been, as I've said, beaten hundreds, maybe a thousand times. And...verbally and emotionally abused thousands if not ten thousand times, um, I'm able to say that I love my story. Because it's not a story of trauma and abuse, it's a story of, to me, God's redemption, grace, and deliverance. And how I'm able to be transformed myself to then be able to go and help others. So it's a life of purpose, it's a life of pain and beauty that I would not want to trade.

Understanding their traumatic experiences as connected to their strengths, sense of purpose, and drive for being a counselor seems to be an important component of resolving participant's traumatic experiences.

Table 3

Grouping Three Endorsement: Impact on Person of the Counselor

Theme	Participant								
	Penelope	Daisy	Grace	Hallie	Angie	Miriam	Katie	Clark	Jack
Desire to Provide Clients What One Did/Did Not Receive Emotionally		✓	✓	✓			✓	✓	✓
Desire to Work with Clients Who Have Experienced Trauma	✓	✓	✓	✓		✓			✓
Use of Humanistic Orientation/ Characteristics in Approach			✓	✓		✓		✓	✓
Use of/ Valuing of Holistic/Somatic Approach	✓			✓	✓			✓	✓
Perceptivity/ Empathy as Strengths Attributed to Experiences	✓	✓	✓		✓			✓	✓

Impact on person of the counselor. This grouping represents the counseling-related beliefs, motivations, approach, and way of being of participants that they described as being influenced by their experiences with complex trauma. Katie provides an example: “Strengths from going through trauma. I guess knowing my boundaries so well I think, especially having gone through that process before going through this [counselor training]...” Participants described these themes as being uniquely influenced by their experiences and the person that they have become in light of those experiences.

The following themes are those that were endorsed by the majority of participants in discussing how their person of the counselor was influenced by their experiences with complex trauma.

Desire to provide to clients what one did/did not receive emotionally. This theme represents participants describing motivation to provide to clients the support that they received in their own healing, or for some participants, to provide to clients the support that they did not receive. An example can be seen in Hallie's interview: "Adolescents, I think because no one parented me, I like that age group. Because I can love on them in a different way, as a therapist." Six participants endorsed this theme, including Katie:

That's the reason that I want to be a counselor is to like help other people who have gone through the same crap that I have...When I was a kid (laughing) a lot of kids just got dismissed. Like they really weren't, seen or addressed, and I have like a teacher who I felt saw me and it made such a difference of like, I just want to be that person to like, see people you know?

Katie explained that as a school counselor in training, she hopes to be an advocate for the profession by ensuring that students are being referred to the clinical services they need.

Jack shared his motivation to be a healer:

I'd already, um, I don't want to say the phrase 'saved' myself, but I had already grown a great deal. That's not why I'm in counseling. I'm in counseling because I want to help heal the brokenhearted, set the captives free. Because I was the broken-hearted, I was the captive.

The participants endorsing this theme seemed to find meaning in paying forward the healing they were provided, or altering a client's experience to be different from their own, as was the case for Daisy:

I mean, gosh, if someone had been able to reach out to me...if the trauma I endured was even acknowledged at the time that I grew up, which it wasn't, um, as being traumatic and abusive...reaching out to help someone in the ways that I wish I had been helped in some regards.

With the exception of Jack, participants described their desire to heal others as a way to heal themselves.

Desire to work with clients who have experienced trauma. This theme represents any time in which a participant discussed specializing in trauma work or the desire to specifically work with clients healing from traumatic experiences as connected to their own experiences. Penelope provides an example: “I work with at-risk, low income students, high school students, so I would say, 99% of them have a trauma history and are still in childhood, so, I think it’s an innate part of my work.” Six of nine participants endorsed this theme in describing their experience. Miriam shared: “One thing, it’s played a role on me wanting to help like, other people that have a trauma history. And like the direction I go with, and like the desire to work with couples and families.” Miriam also noted her tendency to want to work with clients with diagnoses (e.g. Borderline Personality Disorder) that her colleagues may stigmatize:

I think it’s allowed me to kind of not focus as much on like the diagnosis part. ‘Cause just from what I’ve learned and from my clients that are at my work, um, some of them have like a...diagnosis of like borderline personality disorder or other personality disorders...So just kind of seeing that and hearing how some other, colleagues or coworkers have kind of um, view those particular clients or, approach them is different than what I would have. They more focus on that label instead of you know, understanding how it happened, their trauma history, and all the terrible things that may have happened to them early on.

Daisy described this desire in discussing her sandtray:

So working with kids who have experienced trauma, um. And like, I don’t know, this happy little fish, it just felt like they were all moving in a united direction. And so bringing families together, helping them understand each other...it feels, it feels really important to me. Finding those pieces that were, that were missing for my dad, and therefore, passed on to me. And missing for my mom to a certain extent, and passed on to me. That I was, that I’m trying to break out of. And help other families do that.

Daisy had a similar outlook on helping children with externalized behaviors:

And also not being afraid of the behaviors that kids might exhibit who've experienced trauma. I didn't happen to be a kid who would be labeled as ODD, or ADHD, or a personality disorder later on or any of those things, for whatever reason. I just didn't exhibit those symptoms, mine were much more internalizing. But, you know not being afraid and understanding like, 'yeah, they're reacting to their environment! These are their survival skills. This is how they're communicating their needs!'

For Miriam and Daisy, personally experiencing complex trauma fueled their desire to understand, advocate for, and work with other individuals who have experienced complex trauma.

Humanistic orientation/Humanistic characteristics in approach. In discussing the influence of their histories on their counseling, seven of nine participants described characteristics of humanism or specifically noted their preference of a humanistic orientation or described characteristics of humanistic approaches to counseling. Grace provides an example: Grace shared:

And so like, having a little bit more trust that the individual can take care of themselves. We say to our clients, 'Oh, you're the expert on your own life!' Right? Like, in some theoretical orientations. That's a view that I take, like, 'You know yourself. You know what you need. I'm here to like, reflect that back to you.'

Specifically, participants described believing in the free will and innate wisdom of clients in regard to their own experience; and the desire to witness and help participants find their own course of action rather than acting as the expert in the relationship. Some participants shared their preference for Person-Centered, Existential, and Gestalt approaches to counseling. Penelope shared: "...it's really helped me develop a sense of letting the client be the expert. While I relate to big T trauma...there's certain experiences I relate to, but I know from my experience, that no one else went through

what I went through.” Clark endorsed interest in humanistic orientations in the development of his approach as a trainee:

But the theoretical directions I kind of lean towards are Gestalt...Existential, that's huge to me. 'Cause that helped me to recognize my true self. Um, and uh to recognize the value that I have as a person of faith, the divine value God the father has in me...Of course there's you know, is it Carl Rogers? Unconditional positive regard, so I love that!

Jack described the impact of emotional abuse on his approach:

I don't want to be manipulated. I don't want other people to impose themselves on me. But also, I don't want to be the manipulator, the abuser. I don't want to impose myself on other people...Which then also impacts my counseling. My uh, therapeutic orientation... Because I don't want to impose myself on others by saying, 'This worked for me therefore it will for you.'

For these trainees, the impact of interpersonal trauma had a direct effect on their style of interpersonal interaction and the way in which they chose to approach helping clients to heal as counselors.

Use of or valuing of holistic/somatic approach. Four participants endorsed this theme, which represents their discussion of the use of or preference for holistic approaches to counseling that incorporate the integration of body and mind. Miriam provides an example: “Just kind of remaining as grounded as I can be, and just checking in with myself at the same time. I think part of it's just from like seeing how EMDR has helped me...like paying attention to somatic experiences. Penelope shared:

And so that impacts my orientation in terms of incorporating movement into therapy. Because I think that can heal trauma in ways that our brain doesn't realize and so that can work on something the client's not telling me and I don't know about. And it's hitting a part of them that may...unlock something, open the door for something...I think all of my shifts in orientation and philosophy and how I, what I believe to be the best types of therapy are probably all influenced by, how trauma informed they are.

Penelope recognized the mind/body connection in her own healing:

I think like for me like I said I had chronic illness as a child and, I realized as I became more emotionally well I had more success in my physical healing and as those things were happening I experienced more sort of like shaking up and freedom in my spiritual self. Um, and it just seems like, whenever I let things or acknowledge that they're interconnected healing is more exponential...

Clark described a similar sentiment:

Yes, so I'm very holistic in my approach to life. Your body, soul, spirit, so um, this kind of therapeutic thing I want to work in, I want to do with, you know working on the physical body, the emotional, and the expression, um... Yeah body and soul, spirit are very important to me. And so I want to look at the holistic version of a human...

Clark experienced his own healing in connection with dance and movement, which appears to influence his use of movement in his style:

I have an arts background, um, so, I was a dancer for a number of years. So the movement would just do something for me internally. Even as like a kid, dance was always a part of my, um, expression. I love music, so, dance for many years professionally, and uh, and the lord opened the door for me to work with couples and kids for a period of time, so that's when I really began to see, wow, the dynamic of working with um, you know humanity, and of course you work on other stuff too but um. Yeah body and soul, spirit are very important to me.

The participants seemed to value integrative approaches based on their own experience with such approaches in individual counseling, as well as their belief in the mind/body connection that they have witnessed in their own experience.

Perceptivity/empathy as strengths attributed to traumatic experiences. While all participants endorsed a wide variety of strengths they attribute to their experience of and healing from complex trauma, the most highly endorsed strengths included increased perceptivity and enhanced empathy. The participants who endorsed this theme seemed to all be describing the same thing in different terms, hence the combination of terms for this theme. This theme encompasses the moments when participants described a

heightened sense of clinical perception and/or clinical empathy as a result of their traumatic experiences. Penelope provides an example: Penelope briefly described this strength: “I think my empathy has always been really strong, because, I’ve felt really deeply, you know? I’ve been impacted really deeply.” Six of nine participants endorsed this theme, in which participants describe clinical intuition, perceptivity, or increased empathic abilities as a result of their complex trauma history. Clark describes a moment in his training: “Something had triggered her...I could feel her emotion that was going on there. And she couldn’t verbally say anything but I just loomed at her and said, ‘I want you to know, I feel it.’” Jack explained:

I think the word is perceptivity...to perceive more and to have more insight into what’s going on, because that individual would be a survivor of some kind of other abuse or oppression or anything like this that they’re more perceptive to what’s happening. Which in turn gives them more power in some situations. So that starts to make a change. And so there’s some amount of that.

Jack described perceptivity as one of the number one characteristics of his experience as a CIT with a trauma history, in addition to loneliness. Daisy described enhanced empathy in sharing her strengths:

I think the biggest thing for me is just, is the ability to read people. And, my empathy chip is pretty finely tuned. As a survival skill. I see this in my clients a lot too. You of course, you read micro expressions quickly and you can tell attitudes, behaviors, and you’re picking up on, your antennae are very finely tuned.

Both Daisy and Jack ascribe their increased sense of perceptivity/empathy to a survival skill gained in navigating an unsafe childhood environment.

Table 4

Grouping Four Endorsement: Impact on Education Experience

Theme	Participant								
	Penelope	Daisy	Grace	Hallie	Angie	Miriam	Katie	Clark	Jack
Faculty/Site Supervisors	✓	✓	✓	✓	✓	✓		✓	✓
Educator Effective Experiences	✓	✓		✓	✓	✓		✓	✓
Educator Ineffective Experiences	✓		✓	✓		✓			
Colleagues		✓	✓	✓	✓	✓	✓	✓	✓
Colleagues Positive Interactions		✓	✓	✓		✓	✓	✓	
Colleagues Negative Interactions					✓		✓		✓
Courses	✓	✓	✓	✓	✓	✓	✓	✓	✓
Practicum		✓	✓	✓	✓	✓	✓	✓	✓
Group Counseling							✓	✓	✓
Assignments	✓	✓	✓		✓	✓		✓	
Disclosure: Appropriate Time/Place		✓		✓					✓
Disclosure: Fear of Evaluation/Judgement	✓		✓			✓	✓		

Impact on education experience. This grouping encompasses the process and experiences of the participants in the training environment that they discussed as being related to or influenced by their experiences with complex trauma. The participants discussed influential moments in the education environment, including interactions with colleagues and supervisors, particular courses and assignments, and the experience of navigating the training program with awareness of their history. Daisy provides an example of the reciprocal influence of her trauma experiences on training and vice versa:

And that was an impetus for my coming into this program. I had already started coming into this program, and then things in my family started falling apart from trauma, and I stayed in the program because it felt like, I need this more now than I have ever needed it. And this now is going to help my family and it's going to help other families.

The following themes represent the most endorsed topics discussed by participants in regard to the impact of their traumatic experiences on their educational experience.

Faculty, instructors, and site supervisors. All participants discussed different people being influential in their experience as a CIT with a complex trauma history. Largely, participants discussed the influence of educators. Participant's descriptions divided into effective and ineffective interactions with educators that occurred within advising, classroom, and clinical environments. Penelope provides an example:

And even model healthy boundaries! And model speaking openly and directly about it! That's that is the most effective teaching right there. And the faculty members that do that with me are the ones that have the most influence on who I am as a practitioner.

Encounters with educators, whether perceived positively or negatively, were a critical component of the training experience. In this study, educators included course instructors, department faculty, university supervisors, and site supervisors. All of these individuals are collectively referred to as educators in the sub-themes below.

Effective experiences with educators. This theme represents moments in which participants described effective and positively received interactions with educators. An example includes Angie's experience in practicum:

Um, they are well versed in, how to deal with those things [trauma symptoms] and how to make space for those things. And so when, for example, if I were to have a panic attack in my prac[ticum], my supervisor was able to check in with me and say, 'How do you usually calm yourself down?' And then walk me through those exercises when I was feeling super activated.

Hallie described a memorable moment in her first practicum, in which her faculty supervisor assisted her with an expected trauma trigger arising in the clinical arena:

For practicum, I was really nervous if I would be able to sit in a small room with like, an older male...so I actually had a professor who...I told him about it, and he was like, 'Well, why don't we do a mock session and you counsel me, I'll be your client.' And, even doing that I was worried what the perception would be...And we did forty-five minutes, or, fifty minutes. And, he stopped like thirty minutes in and was like, 'How are you doing?' And he was like, 'Can I give you a few tips?'..So that was really cool. And he kept checking in. And he would definitely push it a little bit...Like he doesn't know my story but, it's pretty like, you can go down like four paths (laughing). He's been practicing a long time. So I felt, he was like, 'You'll be great in practicum, I'm not even worried!' And so, that was really helpful.

For Katie, a supportive but non-stigmatizing response from instructors was memorable:

I appreciated my teacher's responses and never felt like, I don't know, I didn't want pity, but I also didn't want to deny that aspect of myself. And I felt like I was kind of trying to let go of like, 'How are people going to respond to this?' So I appreciated like, I still got marked off for stuff you know? Like, I appreciated the way that my teachers responded to my papers and what I shared.

Clark described an instance of rupture and repair with an educator in his groups class:

There was a misunderstanding, the professor thought that I'd, that I'd actually led therapeutic groups before. But I'd never done...He had actually changed kind of the pattern of things, in the groups class. And so I remember when it all happened I'm like, what's happening? All of a sudden now they get to talk to me? That's not the pattern that was before- I'm just trying to get through my groups experience! And so, I'm just trying not to be defensive and I'm working through a lot of stuff. But I could tell, ultimately I was angry. And as I began to process I was like, 'Oh he changed the rules, and that's why I'm upset! He didn't mean any

harm by it. He only meant good for me, but. But with my trauma view and the landscape that was going on inside of me. But he actually called me which was very kind of him. I said so, 'I think I figured out what was going on. You changed the rules,' and he said, 'But you've also done this work before as a therapist' and I was like, 'I've never run groups before,' and he was like, 'Oh! I thought you had,' ...Um, and so that was a, that really honored me....And the professor kind of prefaced everything before the group started. So there's, people kind of knew that. He basically apologized and told the group that, he misunderstood some things. And so I just processed my experience, and, you know um, authentically...

Angie represented faculty in her sandtray and explained:

Um, the eagle represents the professors at the school and the advisors ...I chose the wings 'cause it feels like um they're still very much a station above me. And at the same time, I still feel very protected by them and I feel like they, still hold space for me. Um, and, they...they protect me from like the, like the triggers and the challenges that I go through...And I do feel like safe, um in the wings so to speak, of the people that are responsible for my education. And also responsible for signing off on whether or not I get it."

Important to note is the participants' appreciation of educators placing importance on the relationship, including authentic communication and creating a sense of safety. While various situations were described by participants in discussing effective educator behaviors, all of these experiences were marked by educators being intentional in using relationship-building skills.

Ineffective experiences with educators. This theme represents participants' disclosures of critical moments with educators that they experienced as ineffective or which were received negatively. Miriam describes a triggering interpersonal pattern with a site supervisor:

I've had like not very good experiences with supervisors in the past. Yeah. I'm like, 'Wow, that kind of triggered my own, like trauma history.' ...she was my work supervisor at the last job I was at. And just kind of like, the way she would talk to me. Um, and like everybody was afraid because sometimes she would yell at us in front of clients, and all kinds of stuff, and just not very respectful, of our own boundaries. So it brought up like a lot of, like my past history. And that relationship. So I was really hesitant about, um, supervisors for a while. A little jaded.

For Miriam, an unsafe relationship with one supervisor affected her trust in all supervisors for a period of time. In discussing her apprehension to disclose her trauma in her current training program, Grace related an experience from her undergraduate training in Psychology. Grace had a negative experience with a Title IX report that she was unaware was being filed:

Thinking about Title Nine... so I did, back in my undergrad, I did run across a situation where I had written about my trauma in a paper, and then I get a phone call from the school, like nobody told me what was going on. The teacher didn't tell me, so it was kind of a bad experience, but also like, I didn't have to say anything I didn't want to...they were like, 'Here's some resources' but it wasn't that horrible, other than like, feeling like kind of violated (laughing).

Penelope noted a general lack of educator support in regard to her trauma history:

Um, and...I intend, I was looking for a character to represent my faculty, but I intentionally didn't add one because I felt like very much like I just had to sort of figure it out, as opposed to being really supported.

In this case, ineffective communication and interpersonal patterns and a lack of involvement mark participants' experience of ineffective educator behaviors.

Colleagues. Eight participants mentioned interactions with and support from colleagues when describing their experience as a CIT with a complex trauma history. Largely, participants described positive interactions with colleagues, which are described below. These positive interactions were characterized by receiving emotional support and undoing the aloneness of experiencing emotional struggles in training. In some instances, participants experienced negative interactions with colleagues. Negative interactions were characterized by interpersonal patterns that were triggering based on the participant's trauma history. An example of this theme is presented by Clark in explaining an experience sharing some of his trauma history as it related to his experience

in Group Counseling class: “One of the girls in the class, she was like, ‘Clark, we just love you,’ it was very, ‘We just love you,’ and that was very special. And then uh, there was some other experiences where I got to share more of my story.” This theme is further divided into the sub-themes of positive and negative interactions with colleagues, as this was the way in which colleagues were discussed by the participants.

Positive interactions with colleagues. Colleagues in the training environment were the only other group of influential people endorsed by multiple participants. Grace found normalization in sharing her experience with colleagues and hearing of their personal struggles:

And then more recently, I have developed some closer relationships in the program where I feel like I can trust these people and they’ve disclosed to me, ‘Oh, I struggle with depression,’ and you know, like, they have anxiety, and I’m like, ‘Okay!’ I know I’m not the only one who has like, a history of struggling,’ you know? So I have been able to open up in those relationships a little bit more.

Daisy shared her positive experience with colleagues:

Having fellow counselors-in-training who may not have had all of the education experience, and I did not tend to lean on supervisors as much, or instructors as much, but my cohort, And saying, ‘Guys, this is something I’m going through.’ ‘What do you think? What would you do?’ You know and just having their input, everyone’s different backgrounds. We were, really in the beginning of the program that this was going on, a lot of it was really intense and I was asking, and to have those people check in with me! You know, like, ‘Hey, how is this, how is this going?’ That still means a lot, and having the support of these people who were, it felt like we were together a little bit, the camaraderie of that was really nice too.

Having someone aware of Daisy’s triggers and whom was willing to support and check in with Daisy in the course of classes was of value to her training experience. Hallie found that in addition to support for the rigors of the academic environment, her colleagues were also a source of emotionally restorative experience:

I have a really good community of friends at school, and that actually has probably been the most, been the most helpful second to professors because, as I've learned other stories and people have learned mine, there's like the blessing and curse of all your friends being counselors (laughing)...So to actually be pushed to trust people in this program, my friends, and they didn't go away. That was like a big healing for me as well.

In this case, colleagues were not only a source of emotional support, but were also a part of the trauma healing process.

Negative interactions with colleagues. Alternatively, two participants described the detrimental effects of a triggering interpersonal dynamic with a colleague. Katie shared:

And I felt like, to me, he just seemed like a really unhealthy individual. And so, I recognize the way that he was triggering like, my past experience, And that was really hard, 'cause I didn't deal with it. Like I wish I would have addressed it immediately with a supervisor. And you see like how you replay like old habits, you know? Like where you feel like you're in a threatening situation, and instead of bringing it to somebody in authority, like, 'I've gotta deal with this myself.' And like, 'If I just say and do the right things, like I can fix this.' And it just like frustrated me afterwards that I like still repeated that role of like, I don't know, I don't want to be a burden. I don't want to cause a problem, and what if I'm overreacting? Like all of that kind of stuff, so.

Jack felt the previously discussed theme of loneliness arise in attempting to resolve conflict with a colleague:

And then going back to a bit of the loneliness but also, the...um...that co-counselor, that did not understand me. She kept on saying, um, 'well, you are doing this because of that.' I'm like, 'No, no, no, I'm not doing that, definitely not for this reason that you're making it about for me/' And I just experienced that again and again and again in rapid succession. And I thought to myself, 'You do not even know the first note of the music that I play.' And you can't, I felt finally, up to a point, exasperated enough that it was like, 'I am unknowable to this person, for sure.' But then also, 'I am unknowable to most people.'

While some participants felt that faculty were relatively absent in their experience as a CIT with trauma history, participants endorsed colleagues as very influential to their experience, whether this experience was perceived as positive or negative.

Courses. All nine participants endorsed the influence of different courses on their perception of their trauma history and vice versa. Daisy provides one example: “I took ethics that first summer, and we had to do the personal values thing...it was probably one of the first classes where I was asked to do a deep dive into my history and start to look at some of those things.” Specifically, participants mentioned practicum, ethics, family systems, diagnosis and assessment, human development, and group counseling courses as influential or interacting with their trauma history. Of all the courses discussed in interviews, practicum, group counseling, and family systems courses were the most endorsed, and are described further below.

Practicum. Practicum was a highly endorsed course, as Daisy described:

So practicum, a lot of stuff came to a head for me where, my perfectionistic tendencies, my drive for, to be the best and to be excellent really was running up against obviously this steep learning curve in prac., nobody does prac. perfectly! That’s not what it’s for. And so, getting into that experience and feeling...I mean prac. one is literally pass/fail. But for me pass/fail, my whole life is pass/fail it feels like...So, living with that sense of failure often times, taking that into prac. one, where you have to experiment, right? Where it’s trial and error, where it’s, ‘This worked, this didn’t, the client responded, the client didn’t,’ you know, ‘How did that feel? What would you do differently?’ Diving into that felt super scary.

Miriam discussed practicum as influential for being her first clinical experience and encountering clients with experiences similar to her own, a concern noted by several participants:

And, I did my, my prac. in the spring, which was fine until I, there was, one of my um, classmates had a client with like a kind of similar history to me, and then she didn’t end up coming back to treatment but that was, I was like, ‘Oh no!’ worried about that. And then, I got my own client that had a similar (sighing) relationship history that I had had. Um, I know like our stories weren’t the exact same, but it was like just enough to where, and so it was like, yeah, really nervous, and it’s like all I talked about in supervision, and then she never returned for more sessions. And I wasn’t ever able to reach back out to her...and I felt kind of guilty because I was sort of relieved.

Miriam felt differently about her ability to help her client with more clinical experience and personal counseling work under her belt:

Yeah. Um (sighing)...I don't think that I felt ready for it. 'Cause I'm doing my own counseling. Like I'm doing EMDR myself for my trauma history. Um...now I feel like I'm in a better place where I feel like I would be able to handle it more, but I think at that time that I would have, it would have been really, I think I would have got through it but it would have been tough.

Group. An unexpected endorsed course was group counseling, as Jack explained:

I had a group counseling class that the professor taught experientially, so we did groups in groups (laughing) that's how we learned, and it was so phenomenal, I can't say, I never want to experience groups in any other way learning wise than doing it. Because it was just great...Yeah. I mean I was good at conflict resolution, because I'm always that self blame and I know how to fix that so much. But to do groups and conflict in such a way that I'm able to do it more healthy and, advocate for myself!

Clark also felt that his Group counseling course was highly influential:

And I just, I love the group work. It's just so profound to have, it's true community. It's people relating, connecting, bringing their stuff to the table. Bringing their healthy things to the table too, and being able to model that in front of others is just, it's an incredible experience. That was another opportunity that I had where it all just came to the surface.

The group counseling course seemed to be influential to participants in that it directly immersed them into interpersonal dynamics and ways of interacting that may have previously been difficult due to traumatic experiences. At its best, the course provided participants with a healing interpersonal experience, as was noted by Clark.

Assignments. All participants described key assignments that were influential in their experience. The majority of such assignments fell into the realm of personal reflection papers, as Grace shared:

Um...So being a counselor in training there's obviously a lot of reflection, a lot of, like, we write papers about our experiences, and, how things are affecting us as a person, how our client's situations are affecting us, and just like, so much reflection all the time (laughing). And so...having complex trauma, um,

obviously it still affects me today. And, it will affect me as a counselor in many ways, right? Um, however, it has been difficult to navigate how much to share and how much to reflect on.

Two participants described the influence of completing a family genogram for a course, including Angie:

I did the genogram and I started by saying, 'This sounds like a really really sad story. And it is, but it has a happy ending.' And I talked about, um...childhood trauma, and I talked about being assaulted, and various traumas I had experienced therein, and um, I got a text from a student after class that said um, 'The way you shared about this made me feel so empowered to talk about what I went through. I made an appointment at the counseling center.' And, if I could do that for just one person. Obviously I want one person a day or like, droves of people. But just one person, feeling empowered to talk about their story, that's my mission.

Angie chose to disclose her history through the platform of the family genogram, and in doing so, experienced an empowering moment of advocacy with a fellow colleague who had experienced trauma. Interesting to note is that Miriam had a similar experience with family genograms, although she feared the implications of a colleague sharing their trauma experiences:

Some people got like really really detailed and like, childhood trauma and, things like that, and I'm just like, for me I was like, feeling really anxious because I'm like, 'Oh no,' like I know this is reportable, what are they doing, like do they know?...I think 'cause I try to like keep that part of myself and my history like really private.

For Miriam, the disclosure of trauma experiences through the family genogram was stressful, and in particular she felt protective of her colleague for sharing this personal information.

Penelope explained her process in navigating self-disclosure of her history for an application essay:

I mean I think it started from like the, the process of getting into grad school, you have to write this essay about your story, I had a lot of anxiety around that personally. Because, um, well I'm an overthinker in general but I think with

complex trauma and specifically I have a history of sexual abuse...And so the question was like, it felt like they were asking...to describe like, give your personal history, be really personal, let us know who you are, but not too personal (laughing)!

From the very beginning of the application process to the more advanced courses in their training, CITs described the influence of different assignments on their traumatic experiences and vice versa. The self-reflection and vulnerable nature of these moments were memorable to participants and bore influence on their experience as trainees.

Considering disclosure. This grouping represents participants' description of the process of considering why, when, and how to disclose their complex trauma histories in the training environment. Jack explains part of his reasoning for when he discloses:

But, it [disclosing] has been beneficial for me as I've mentioned before like, 'I want to give you a gift, a lens at which to see me through. I just want you to know where I'm at and where I'm coming from. Because if you can know where I'm at and where you're at, then we can better identify the space between us.'

The patterns of decision making and reasons cited for participants disclosing their trauma history are broken into the themes of Appropriate Time and/or Place and Fear of Evaluation and/or Judgement below.

Appropriate time and/or place. Several participants described their process in evaluating the appropriate time and place to disclose their trauma history. This included considering their reasoning for why to share, how this connected to their training process and course content, and the environment in which they were considering disclosing.

Grace provides an example:

So as a cohort we'll all get together and hang out and have fun stuff, so that's not really a time for me to open up about that. But a few weeks ago, I had coffee with one of the guys in my program, and he was opening up about stuff, and I shared, just like a little tidbit of my past. Very broad and general, like, 'Oh, I have trauma.'

Jack considers the role of his faculty in sharing his history with educators as a way to provide context and assist in his educational experience: “There’s some of it, that I want to remain professional and they’re [educator] not my counselor of course. And I have no expectation of that...And there’s some part of I mean, I’m not looking for them to help me.” Daisy also considered the impact of disclosing during class:

And I don’t think it was that I wasn’t willing to share with the faculty, I think it was just more like, does it seem pertinent to what we’re doing? And, who, it’s kind of like, how much space do I want to occupy in the room, of the classroom to share a story?

Finally, Hallie described a desire to disclose but struggled with navigating ambiguous boundaries that may be unique to the counselor education environment, a struggle that three of the participants endorsed:

I think that, it’s not, maybe it is subconsciously the power differential. But for me I just want to be really respectful of the time and place. So, is it okay to like, tell my trauma teacher my actual story? For context? Or is it something I should just save for counseling, and not for them at all?

For these participants, consideration for the course content, their colleagues and instructors time, and the salience or personal need for the disclosure were all part of the process of deciding whether or not to disclose their experiences.

Fear of negative evaluation or judgement. Several participants explained that their fear of being evaluated differently or seen differently by their peers and faculty often influenced their decision of whether or not to disclose their trauma history. In describing her decision-making process, Angie provides an example of this theme:

I feel like, people who experience trauma already are just coated in shame. And then coming into the program, you have to find a way to like, claw your way out of that, and like, put on this happy face, and do all this tuff. And people say that like, life experience makes you a better healer ad all that stuff. And at the same time, it could potentially make you a liability to the university. And sometimes they treat you that way.

Several participants feared taking up ‘too much space’ in courses or being stigmatized for sharing, as Katie describes:

But it seems like there’s a couple of students who have had trauma and can’t see past their own trauma, so it’s, I’m scared to be lumped into that same group of people who are like in every class, like, ‘Oh well with MY trauma,’ ...that’s very tough.

Finally, Penelope considered the comfort level of peers and faculty in disclosing her trauma experiences: “And so I think my level of comfort was just really high. I was also aware that other people’s weren’t. I just didn’t know where I was versus where they were.” Penelope later described fear of being judged as inappropriate for sharing too much, which was another component of her decision making process. Miriam described her fear of faculty and supervisors knowing about her history, which was included in her fear of becoming the subject of a Title IX report:

I think ‘cause I try to keep that part of myself and my history really private. And so just like, the idea of title nine just feels very, makes it feel very broadcast, and then I don’t know what happens with that information. Just kind of a lack of control on who sees it, and feeling like, ‘Oh gosh,’ all the other supervisors, all the other professors know, supervisors know, just like everybody. Yeah.

Like Miriam, Grace described avoiding the Title IX process, mainly out of desire to avoid her supervisors becoming aware of her history: “So I would say, like if that [Title IX Report] came up it wouldn’t be the end of the world for me, but what I’m most concerned about is...being judged by my colleagues or my professors.” It’s important to note that while the theme of avoiding Title IX Reporting is not largely endorsed in this study, this may be influenced by the fact that not all of the participants experienced sexual violence as part of their trauma history. In this case, participants discussing fear of Title IX Reporting connected their fear to the reporting process making their history known to the

people in their training program and the subsequent judgement they may experience once their histories were known in the education environment.

Conclusion

Several themes and sub-themes were identified through a rigorous process of transcendental phenomenological reduction with the assistance of an assistant coder and external auditor to increase rigor and reduce the influence of researcher bias. I present these themes, which represent the essence of the experience of participants, or those characteristics by which we can identify being a CIT with a history of complex trauma. Specifically, themes describing experiencing and healing from complex trauma, the impact of trauma history on the person of the counselor, and the education experience were described. Definitions and participant quotes exemplifying each theme were presented. These findings provide a member-informed foundation to the literature existing in the fields of counseling and counselor education and supervision. In Chapter Five, I will compare and contrast these findings with the existing literature and examine how the findings further inform the literature and implications for practice.

CHAPTER V

DISCUSSION

Introduction

In this chapter, I will discuss the implications of the study results. I will provide a detailed description of how the findings relate to and divert from the existing literature. I will provide the structural description (Moustakas, 1994) of how the findings relate to and divert from the existing literature, and I will discuss the implications of these findings in relation to the current state of trauma research and the field of counselor education and supervision. Finally, I will discuss limitations and potential avenues for future research on the topic.

Research Question

In this section, I will contextualize the findings of this study with the literature on trauma, counselor development, and counselor education and supervision. I will detail these findings through a breakdown of the existing literature while tying in the themes of the study. I will also provide implications arising from the data for counselor education and supervision. While the data were already introduced and described in Chapter IV, here, I will provide greater context connecting the findings to the current body of literature on these topics.

The research question was: What are the training experiences of counselors-in-training with complex trauma histories? The data suggest that the shared characteristics of their experience lie in the nature of experiencing and healing from complex trauma, the impact of complex traumatic experience on the person of the counselor, and the

education experience. Each of these grouping and their themes will be described and integrated with the literature in the field below.

Results and the Existing Literature

Complex Trauma and Counselors

Research on the symptoms and healing of clients with complex posttraumatic stress disorder (C-PTSD) are relatively documented in mental health literature, as can be seen in Chapter II; however, counselors with complex traumatic experiences had not been examined until this study. Currently, there is a gap in the literature examining the experiences of individuals with a history of complex trauma who are also in training for a career as a professional counselor. Much of the experiences described by participants are linked to well documented research on survivors of complex trauma as a general population. Here the themes related to experiencing and healing from complex trauma are tied in to the current literature on trauma survivors and counselor trainees.

In examining the experiences of CITs with complex trauma histories, this study may have contributed to literature on the experiencing of trauma symptoms by counselors with trauma histories as compare to their peers in the general population. Trauma symptoms listed for the diagnosis of Posttraumatic Stress Disorder (PTSD) in the general population include, but are not limited to, emotional and physiological distress upon exposure to trauma triggers, avoidance of triggers and reminders of trauma, dissociation, alteration in mood and thought, and diminished enjoyment in day to day activities (APA, 2013). In describing their experience, participants did not include much discussion of trauma symptoms as related to their educational experience. This seemed more related to the fact that participants had already completed extensive individual counseling prior to

interviewing with me than that participants had never experienced these symptoms. For example, Hallie did explain in describing her healing process that in the past she did experience flashbacks which had been resolved through personal counseling. One symptom largely shared by the participants was experiencing triggers in the educational environment. This largely consisted of being triggered by interpersonal interactions or relationships which resembled abusive relationships from the participant's trauma histories. While participants did not describe avoiding reminders of the trauma, some participants such as Jack and Daisy described being frustrated at the need to confront their trauma histories as they applied to the training environment.

In the general population, symptoms specific to complex trauma include strain and disconnect from friends and family members, increased overall stimulation of the brainstem and decreased activity in the prefrontal cortex when triggered, compromised trust in relationships, altered worldview, among others (Ford & Courtois, 2013). Feeling alone was a major theme identified in the participant's experience, which matches the experience of their general-population counterparts. The increased stimulation of the brainstem may relate to the enhanced perceptivity that many participants described, as a sort of emotional hypervigilance experienced by many survivors of complex trauma (Perry & Szalavitz, 2006). Compromised trust in relationships may be reflected in the lack of trust in educators described by several participants, although this lack of trust seems to also be influenced by previous negative experiences and the societal stigmatization of trauma survivors. Individuals often avoid reporting trauma due to stigmatization (Ford & Courtois, 2013). While the participants did not comment on whether they reported their traumatic experiences to authorities, they did largely describe

avoiding disclosing their experiences to educators for fear of being judged or seen differently. Overall, the findings of this study indicate that CITs with complex trauma histories experience similar symptoms as their counterparts in the general population, but that less of these symptoms may pervade the training environment, likely due to the attendance of individual counseling prior to and during training.

In Chapter II, I addressed the existing literature examining helpers with trauma histories. This literature focused exclusively on the risk for helper impairment, including risk of vicarious trauma, secondary traumatic stress, and burnout for individuals with trauma histories (Boscarino et al., 2004; Conrad & Kellar-Guenther, 2006; Ghahramanlou & Brodbeck, 2000; Jenkins et al., 2011; Ortlepp & Friedman, 2005). Many of the studies hypothesized that helpers with trauma histories would experience impairment at higher rates than their peers (Jenkins et al., 2011; Michalopoulos & Aparicio, 2012), and the studies had mixed findings in regard to the connection between trauma history and risk for impairment. Several found no link between the two constructs (Follete et al., 1994; Michalopoulos & Aparicio, 2012; Ortlepp & Friedman, 2005). While the participants did not explicitly address any experiences or concerns of vicarious trauma or secondary traumatic stress, they did address concerns of impairment via intense countertransference. Specifically, several counselors described fear that they would be unable to effectively work with clients who had experienced similar trauma to themselves. While this was a concern for several of the participants, none of them noted actually experiencing impairment related to their trauma histories. In fact, some participants explicitly noted that their worries were unfounded, and when they did encounter a client with similar experiences, they did not experience the emotional

struggles that they feared they would. This was even the case for participants who work with other trauma survivors on a regular basis. This study may add to the literature countering popular research hypotheses of the connection between trauma history and counselor impairment.

All participants described different manifestations of the same acknowledgement: that their experience with complex trauma was something that set them apart from others. Keane and Najavits (2013) and van der Kolk (2014) note that complex trauma is set apart from single-event trauma in its impact on survivors, a sentiment echoed by participants in describing their experience. Katie acknowledged the recognition that complex trauma has a different ‘layered’ nature, that made her feel separate even from several of her colleagues who had disclosed experiencing single-event trauma. In fact, van der Kolk notes several studies illuminating the impact of developmental trauma (one of the most common and prevalent forms of complex trauma) on the expression of genes (2014). Truly, complex trauma alters the individual (Perry & Szalavitz, 2006). The nature and way in which the individual chooses to define who they are differs; however, the effect is the same.

In describing feeling different, several participants noticed this feeling arising in regard to relationships and community. Perry and Szalavitz (2006), van der Kolk (2014), and Ford and Courtois (2013) all note the negative effect of complex trauma on interpersonal relationships. While it can be assumed that the participants in the study have developed relatively effective patterns of relating to others given their current status in a counselor training program, several of them still described feeling inadequate in their ability to connect with others. This may be a true indication of the interpersonal patterns

that arise for survivors of complex trauma (Perry, 2009), or it may be an internalization of the shame instilled by a stigmatizing society (Herman, 1997).

Every participant acknowledged feeling that their traumatic experiences and subsequent healing from these experiences is never complete. This may relate to the residual neurobiological and interpersonal symptoms experienced by survivors of complex trauma, as noted by Ford and Courtois (2013). Indeed, Penelope, Katie, and Jack very directly described the ongoing effects of their trauma. As was eloquently described by Teicher (2002), childhood abuse isn't something you "get over" (p.68). Participants repeatedly used the tombstone which states "rest in pieces" in their sandtray to represent their trauma (see participant sandtrays in Participants section). Miriam also used jade figurines to represent 'ghosts' of her trauma that popped up unexpectedly. The participants described different emotions (anger, frustration, apathy) and the desire for their trauma to be 'done.' Their statements echo van der Kolk's observation of survivors' attempts to disengage from their trauma history and trauma triggers (2014).

As is described in the literature and participant interviews for this study, trauma is never fully 'done.' One discovery of this research was that many participants were continuing to interact with the individual who abused them, and/or continuing to be an active part of the family system in which their trauma occurred. This is another characteristic of the majority of complex trauma experiences that may be different from single-event trauma. Currently, there is a lack of research on the continued interaction of complex trauma survivors with their perpetrators. Nathaniel (2007) interviewed women who had experienced abuse at the hands of mothers suffering from different mental health disorders, and in their interviews, the interviewees largely discussed the process of

continuing to interact with their mothers in adulthood and long after abuse could no longer be perpetuated. Many of these individuals described experiences of empowerment and healing in their own growth as they continued interaction with their parent. Similarly, the participants in this study largely discussed continued contact with their abusive caregiver and/or family system during their training experience, and long after the majority of the abuse had been perpetuated. Participants described these interactions as influencing and being influenced by their counselor training. Some described these interactions as empowering and healing, such as Clark did, while some described a combination of pain and empowerment in the continued encounters, as was described by Daisy.

Researchers acknowledge that healing from complex trauma is a lifelong process, and this finding is mirrored in the responses of the participants. In particular, trying to understand and integrate their experiences seemed to be a considerable difficulty encountered by the participants in this study. Van der Kolk (2014) discussed the process of integrating the trauma narrative back into a comprehensible story as a paramount goal of healing for trauma survivors. Unfortunately, this is not easily achieved and requires a tedious process of acknowledging the previous coping strategies employed to survive the trauma, identifying a support team, and creating safety and the ability to regulate before tackling the trauma narrative (van der Kolk, 2014). This is a lengthy process, and may provide background to the continuous process of healing that so many participants described in this study. Van der Kolk (2014) detailed the lifetime process of a client in confronting and integrating traumatic memories at different junctures of his life, including the birth of his son, encountering grief and loss in his work as a pastor, and at

other critical moments in his life. This is similar to the experience Jack described in this study, in which he continues to encounter his trauma in different life events, grieve parts of his childhood that were lost, and forgive his mother for the abuse she committed on him. As van der Kolk aptly titled a chapter on healing from trauma in his famous work *The Body Keeps the Score*: “The Road of Recovery is the Road of Life” (2014, p.229).

All of the participants acknowledged attending individual counseling to address their trauma as part of their experience. SAMSHA (2014) noted that the number of individuals seeking counseling to address trauma exposure is increasing; similarly, the entire participant pool for this study endorsed attending counseling in describing their experience. Some participants were influenced by their personal counseling experiences to become counselors themselves, while others recognized the need to pursue individual counseling while within their training program. This reflects the findings of Furr and Carroll (2003) in which counseling trainees disclosed seeking individual counseling after significant life events, including those they described as life-threatening, and experiencing the death of a loved one. In this study, all of the participants described counseling as an effective approach to healing from their traumatic experiences.

Herman (1997) noted that healing from interpersonal violence can only occur in the context of relationship, and that many trauma survivors seek the therapeutic relationship as the context in which to begin healing. For the participant pool in this study, seeking individual counseling was also a significant component of their experience and healing process. Byrne and Shufelt (2014) examined the reasons of counselor trainees for seeking individual counseling and found that 12% of their sample reported experiencing a traumatic event as their reason for pursuing counseling.

A variety of approaches to counseling have been validated for the treatment of trauma and stressor-related disorders. The American Psychiatric Association and World Health Organization are still divided between the use of cognitive behavioral approaches and EMDR and somatic approaches to trauma treatment (Balbo, Cavallo, & Fernandez, 2019) as most effective. SAMSHA (2014) notes the use of somatic integrated approaches and educating clients about the somatic effects of trauma as a part of a Trauma Informed Care framework. Several of the participants in this study, including Miriam, Jack, and Clark, described the use of somatic and EMDR approaches to therapy as effective in their own trauma counseling. These individuals described body-integrative approaches to their trauma healing as effective, an experience backed by the detailed observations of van der Kolk (2014), Perry and Szalavitz (2006). For counselors as well as the general public, the use of body work and an understanding of neurobiology has been found to be effective in the process of healing.

Many participants described finding meaning in their experiences as as part of their healing process. Many of them described their experiences as contributing to their emotional strength, sense of hope, and understanding of client struggles, among others. Participants also described feeling that they were meant to be counselors and to assist other trauma survivors. Given these findings, counselors may find purpose and motivation in the connection between their experiences and their profession. Meaning making is not only a component of healing for many individuals who have experienced trauma; it can also be seen as a sign of resilience (Zeligman, Varney, Gheesling, & Placeres, 2018). Collier (2016) found that meaning-making was a common factor in the posttraumatic growth of individuals who had experienced a traumatic event. Zeligman, et

al. (2018) note that individuals who exhibit meaning-making may experience more positive psychological outcomes than those who do not.

Counselor Training and Development

The findings of this study add a new layer to the existing literature on counselor development. While this is an area of research in counselor education and supervision that is more established, the examination of the development of counselors with complex trauma histories had not yet occurred. In this study, the participants described the impact of their complex traumatic experiences on their professional development in several ways. This echoes the findings of Maruniakova, et al. (2017) on the impact of personal experiences on counselor development. In their study, counselors described the impact of significant life experiences, including traumatic grief, as related to their values and theoretical orientation as a counselor. Similarly, participants in this study described a variety of clinical characteristics, approaches, and values related to their experiences and their healing process. These facets of professional development will be described further here.

Two themes I identified in participant interviews, The Desire to Provide Clients What One Did/Did Not Receive Emotionally, and the Desire to Work with Clients Who Have Experienced Trauma, relate to seminal mental health literature in the field. Jung (1966) and Nouwen's (1990) observation of the Wounded Healer as counselor already predicted the desire of counselors to provide the same healing to others that they are seeking themselves. A study of the experiences and motivations of master's level psychotherapy graduates on reason for joining the field and theoretical orientation revealed that several components of personal experience influenced the participant's

reasons for pursuing psychotherapy training (Messina et al., 2018). In particular, 45% of the sample of 135 indicated negative personal experiences as motivating them to join the field; of this, 18% indicated negative childhood experiences as a motivating factor (Messina et al., 2018). Hallie and Jack described the desire to provide healing for their clients in a similar fashion.

In a more specific manifestation of this desire, several participants including Daisy, Grace, and Miriam explained their passion for becoming specialists in trauma treatment. This may contextualize the findings of Pearlman and Mac Ian (1995) in which over 80% of a sample of mental health professionals working with child survivors of sexual abuse had also experienced trauma themselves. Similarly, Jenkins et al. (2011) examined counselors who reported their own traumatic experiences as a motivating factor in becoming a counselor. Jung (1966), Nouwen (1990) and Messina et al. (2018) are just some of the researchers to acknowledge the archetype of the wounded healer and how this role manifests for mental health professionals with unresolved wounds; it would appear that the participants in this study may themselves be wounded healers.

In this study, the influence of traumatic experience on the person of the counselor also manifested in the counselor's endorsement of certain theoretical and technical approaches to counseling. Specifically, participants described the use of humanistic values and approaches to counseling as connected to their complex traumatic experiences. This echoes the findings of Bitar, Bean, and Bermudez (2007) and Messina et al. (2018) of the influence of personal experiences on the orientation selection of counselor trainees. Specifically, the authors noted the tendency of trainees to select an

orientation that addressed their own experiences and would be beneficial in treating issues identified in their family of origin.

In the study by Messina et al. (2018), psychotherapy trainees' self-evaluated characteristics were examined in relation to their chosen theoretical orientation. The researchers found that trainees endorsing a psychodynamic approach considered themselves more intuitive, introspective, accepting, subtle, and warm than their counterparts who identified as Cognitive Behavioral. The individuals who preferred CBT endorsed such characteristics as skepticism more highly, and those favoring a systemic approach endorsed characteristics such as reservation highly in their work. The individuals endorsing a psychodynamic approach also reported a stronger desire to build self-awareness and work on such issues as transference and countertransference in the counseling relationship compared to their non psychodynamic peers.

While a direct link between complex traumatic experience and the valuing of humanistic-focused approaches cannot be confirmed, this research helps to illuminate part of the pathway that may have lead the trainees in this study to their orientation. Several of the participants confirmed intuition and enhanced empathy as strengths arising from their experience, and like the participants in Messina et al.'s (2018) study, the participants in this study may have preferred a theoretical orientation that worked with the strengths and values they already held. Bitar et al. (2007) identified a correlation between experiences with family of origin and selection of theoretical approach for marriage and family therapists; specifically, participants described their process in healing from painful familial experiences as influencing their approach as therapists. As Jack described, his experiences with abuse and manipulation led him to a desire to avoid

acting in a way that he perceived as being manipulative of others. For Jack, this meant utilizing approaches that did not assume him as the expert or focus on him prescribing a method of treatment to his clients. In the same way that Messina et al. (2018) confirmed a connection between previous personal experiences and motivation to enter the field, these participants' previous experiences may be connected to their selection of humanistic approaches. Maruniakova et al. (2017) found that beginning Gestalt counselors were largely influenced by their personal values and experiences in selecting their current orientation. One specific note of interest in the 2017 study was the researchers' description of one participant being influenced by the unexpected death of a loved one, which can be considered a traumatic experience. The influence of personal experiences on the subsequent selection of a theoretical orientation or approach to counseling is echoed in this study and the counselor development literature.

While some literature linking counselors' personal experiences to their orientation is available in the field, studies linking counselor trauma experiences to a humanistic approach to counseling are limited. Maruniakova et al. (2017) examined Gestalt counselors; with Gestalt being a branch of the Humanistic tradition of counseling (Archer & McCarthy, 2007). In this case, participants described their personal emotional experiences and values systems as being linked to a Gestalt orientation. One participant in Maruniakova et al.'s study (2017) discussed the influence of their Christian religious identity on their valuing of absolute positive regard as most important in their clinical work. Similarly, Hallie and Clark described their religious identity as influencing their belief in the inherent value in all persons; they both described this process as inextricably

linked to their own trauma healing as well. Across these studies, trainees link their personal experiences to values and subsequent theoretical approaches to counseling.

In his famous work *The Body Keeps the Score* (2014), van der Kolk dedicates an entire chapter to the benefits of yoga and movement medicine on the healing of clients with severe trauma histories. Specifically, van der Kolk noted the improvement of healthier heartrate patterns, body awareness, and tolerance of trauma triggers for clients who were completing trauma-informed yoga classes as part of their treatment (2014). His clients described their recognition of the profound effects of this movement medicine. The trainees in this study widely discussed the same positive effect of somatic work, including the effect such work has had in their own personal healing in addition to their belief in and use of somatic approaches to therapy as counselors. Van der Kolk (2014) dedicates another chapter to the healing effects of theater on combat veterans, similar to Clark's acknowledgement of the healing he experienced as a boy participating in dance and Broadway-style performance. Bitar et al. (2007) found that marriage and family therapists' theoretical orientations were influenced by their own personal experiences with counseling. In addition to his love of dance and the mind body connection, Clark shared that his love of somatic approaches to therapy were also connected to his own successful experience of individual therapy using body work. Penelope described a similar experience in her own personal counseling. The participants' experience as well as the current literature on body work in trauma suggests the effectiveness of these approaches in clinical work, and participants' personal experience with somatic and integrative healing influenced their desire to use such approaches in their own counseling approach.

The participants in this study described intuition and enhanced empathy as personal strengths resulting from the experience and healing of complex trauma. For these participants, an engrained survival instinct may influence their development of clinical abilities, as was described by Daisy. An increased sense of perception or hypervigilance is described in the literature on other survivors of forms of oppression and trauma (Hanna, Talley, & Guindon, 2000). Perry and Szalavitz also describe this phenomenon in examining child survivors of complex trauma (2006). For participants, this survival skill became a source of strength when used to perceive and illuminate subtle or subconscious processes and interpersonal dynamics occurring in the therapeutic relationship.

As stated by Bloom, McNeil, Flasch, and Sanders (2018), "...literature reviewing the development of counseling students' empathy is limited" (p.341). In the counselor development literature, Maruniakova et al. (2017) found that participants described an enhanced sense of empathy which was leveraged as a strength by counselors who had experienced similar adversities as their clients. Penelope and Miriam described a similar experience. Hodges (2010) found that perceived levels of empathy were increased for both the 'target' (individual experiencing an event) of empathy and the perceiver of that individual when an experience was shared; however, the findings of actual measureable enhanced empathy based on shared experience continue to be mixed. In the case of perception of enhanced empathy, the findings of this study match much of the other counselor literature. Bloom et al. (2018) found no significant differences in levels of empathy or sympathy between counseling trainees and their peers of different academic disciplines. While the authors call for training programs to look at missed opportunities to

enhance empathy, these findings may also point to personal factors as better predictors of empathy than counselor training alone. These findings may later connect to such experiences as complex trauma, as was described by participants in this study.

In examining predictors of empathy, Fulton and Cashwell (2015) found compassion and self-awareness as significant predictors of affective and cognitive empathy for counselor interns. There may be a similar connection for participants between their levels of self-awareness, compassion, and subsequent empathy based in personal growth obtained through individual counseling and self-reflection. Bohecker and Doughty Horn (2016) found that running mindfulness based experiential small groups significantly predicted counselor trainees' levels of empathy and ability to be present with clients in session. Given the descriptions of personal growth that the participants described in their experiences with personal counseling, and specifically their description of the effectiveness of somatic work including mindfulness, the trainees in this study may be experiencing a similar pattern of experiential growth. Currently, there is no literature directly examining a history of complex trauma and levels of cognitive or affective empathy for clients or other individuals. Further theoretical connection between a history of trauma and enhanced empathy cannot yet be determined, but studies examining other factors that may relate to trauma history show promising results in such a connection.

Counselor Educators

The following discussion incorporates the findings of this study with literature in the field as it applies to the knowledge and actions of counselor educators. The following specifically concern educators in terms of their knowledge of and ability to serve CITs

with complex trauma histories. The application of these findings for educators will be further explained in Implications.

Participants tended to describe the impact of their identity on their educational experience largely in terms of influential people, courses, and assignments, and considering disclosure. At the grade school level, educators recognize the impact of trauma on student's education experience and ability to learn effectively (Crosby, Howell, & Thomas, 2018). Given the lifelong impact of complex trauma (van der Kolk, 2014) and the descriptions of this study's participants, we can infer that complex trauma may impact the graduate counseling trainee as well. If this is the case, counselor educators may be better equipped to educate and train survivors of complex trauma with a greater understanding of their needs and experiences.

In particular, participants noted that the content of certain courses and reflective activities provided empowerment and a deeper understanding of their trauma. This is echoed in Skovholt and Ronnestad's (1995) Phases of Therapist/Counselor Development (PTCD) model, which asserts the importance of counselor educators providing opportunities for reflection and integration of the trainee's personal lives into their understanding of course content. Rogers and Freiberg (1994) noted that the facilitation of learning includes the personal for both the facilitator (teacher) and the student.

In the clinical context, participants described the interpersonal components of training overshadowing prescriptive assignments. As Rogers and Freiberg asserted: "...the facilitation of significant learning rests upon certain attitudinal qualities that exist in the personal relationship between the facilitator and the learner" (1994, p.153). In their description of a trauma-informed approach to social worker training, Carello and Butler

(2015) echo the sentiment that a safe and collaborative relationship between student and educator is critical for effective learning. While in some education environments this relationship may be based in a focus on course content and academic assignments, in counseling, this relationship is based in an exploration of the entirety of the learner. Trainees are challenged in knowledge and application of course content, but additionally, in the understanding, adaptation, and wielding of personal characteristics in the assistance of clients. This is done in a high-stakes evaluative environment and in relationship with a supervisor who has more power than the supervisee (McAuliffe, 2011).

Another particular concern that arose for several participants was in the pressure of evaluation and unclear communication. For the CIT with a complex trauma history, Ronnestad and Skovholt (2003) found that beginning counselors experience a desire to learn counseling in a prescriptive way that reduces the risk of error and uncertainty. Similarly, several counselors, including Daisy and Jack, described being overwhelmed by the ambiguity of certain training activities and contexts. In particular, these participants described unclear expectations as being anxiety inducing in relation to similar interpersonal patterns that were a part of their childhood abuse. While the participants may identify as between the beginning and advanced student phase, which may contribute to such feelings, participants related these emotions as arising from survival instincts and the need for controlling the risk of abuse in their childhood environments (Perry, 2009).

Most counselor development research and theory of counseling supervision acknowledges the influence of the counselor educator on the student (Bernard & Goodyear, 2014; Loganbill, Hardy, & Delworth, 1982; Skovholt & Ronnestad, 1995).

Similarly, for these trainees with a complex trauma history, the influence of the educator was present; however, for these trainees the influence of the educator had an additional layer related to their trauma history. Overwhelmingly, when participants discussed educators, they discussed relational components of their learning, including whether educators were available or not, how they supported participants through their difficulties, and moments in which they experienced re-traumatizing dynamics with educators. All of these point to the importance of the relationship between educator and student.

The importance of providing a safe and emotionally supportive environment to the supervisee is conceded in the counselor education literature, including Bernard's Discrimination Model of supervision (Bernard & Goodyear, 2014) and Yourman (2003). Peled Avram (2017) found that personal trauma history increased the risk of vicarious traumatization in a sample of Israeli social workers; however, a relationally focused approach to supervision helped to mediate these effects. Sommer (2008) also detailed the importance of the supervisory relationship in educating trainees about vicarious trauma and normalizing help-seeking behaviors to prevent and treat vicarious trauma. While the available literature places a focus on vicarious trauma, some of the findings can likely be inferred to trainees with their own trauma histories. Participants including Angie and Hallie described the positive impact of receiving emotional and technical support from their supervisors in moments of discomfort related to their complex trauma histories; in fact, these two participants specifically described the effectiveness of supervisor assistance in reducing trauma reactions in the clinical training environment. While this was very helpful to their technical training, it was clear in speaking with them that the

emotional impact of educator support was more profound even than the skills they gained in that moment of training.

Rogers, Luke, Gilbride, and Goodrich (2019) note the possibility of recognizing and responding effectively to supervisee attachment patterns and attachment-related anxiety, which may allow for a stronger supervisory alliance and the ability to better provide corrective feedback. Given the literature noting the possibility of anxious and avoidant attachment patterns for survivors of complex trauma (Herman, 1997; Perry, 2009; van der Kolk, 2014), and the descriptions of the importance of the relationship to participants in this study, trainees who have experienced complex trauma may also have an increased alliance with educators who work to be aware of and responsive to attachment and relational patterns.

Participants described the role of peer support in their experience as a CIT with a complex trauma history. For some, peers supported participants in their experience of encountering triggers in coursework, as was the case with Daisy. For others, sharing their experience with peers was a part of undoing the aloneness that they felt, as was the case for Grace. Researchers have examined the positive impact of peer support on healing from trauma for adolescents and adults (McCormack & Katalinic, 2016; Yearwood et al., 2019). Specifically, these studies found that shared experience helped to mediate symptoms and increase sense of belonging. Although the literature is limited, researchers have discussed the impact of peer support for counselor and counselor educator trainees in navigating adversity in the educational environment (Bowman, Bowman, & Delucia, 1990; Minor, Pimpleton, Stinchfield, Stevens, & Othman, 2013). In counseling psychology, trainees described both negative and positive interactions with peers as part

of their training experience (Chui, Schaefer Ziemer, Palma, & Hill, 2014). This matches the divide of positive and negative interactions described by the participants in this study. For the participants in both this study and Chui et al. (2014), positive interactions were marked by cohesiveness and emotional support, while negative interactions were marked with perceived differences and competitiveness. Whether positive or negative, the literature and this study support the importance of peers in the educational experience.

While their beliefs about sharing their traumatic experience in the training environment differed, all of the participants described thinking through disclosing their history as part of their training experience. Whether describing interactions with educators, peers, or being in the classroom or clinical training environment, participants described their thought process in considering disclosure. Katie noted her fear that sharing her experiences with educators would reduce her to being identified as her experiences, which is a theme found in the trauma literature as well (Ford & Courtois, 2013). Grace described fear of being judged or seen as unboundaried in disclosing their history in the training environment. Similarly, Singh-Pillay and Cartwright (2019) found that supervisees avoided disclosing to their supervisors due to fear of being judged or perceived differently. Yourman (2003) also discusses the impact of CIT shame on the supervision relationship and the CIT's decreased likelihood to disclose clinical struggles in instances in which they feel shame. Angie described her experience in healing from her trauma as being characterized by moments of being "coated in shame," an experience common to many trauma survivors (Herman, 1997). Supervisory working alliance, avoidant attachment style, impression management, and shame are factors influencing supervisee nondisclosure to supervisors (Cook & Welfare, 2018; Cook, Welfare, &

Romero, 2018; Yourman, 2003) which may also have been influential factors for the participants in this study.

Daisy and Jack described the recognition that the training environment is not meant for personal counseling and felt in many instances that disclosing would be crossing a boundary, which is conceded by other supervisees in the literature (Singh-Pillay & Cartwright, 2019). Finally, Grace and Miriam both described considering Title IX implications when deciding whether to disclose their trauma history to educators. This is a unique consideration for counselor trainees given educator Title IX mandates and the personal nature of counselor training, as Welfare et al. noted (2017). The literature on counselor disclosure in supervision is still lacking in regard to the disclosure of trauma history.

Implications

Given the connection between the existing literature of the field and the findings of this study, several implications can be drawn for counselor educators working with CITs with a complex trauma history. Here, implications are described as they apply to complex trauma and the counselor, counselor training and development, and steps specific to counselor educators. By integrating the literature in the field of counseling and counselor education and the findings of this study, counselor educators can better understand and work to better serve CITs with complex trauma histories.

Complex Trauma and Counselors

In the training environment, educators can work to address components of the trainee experience in a variety of ways. As was described in the literature, the interpersonal difficulties experienced by many of the trainees may in part be rooted in

neurobiological conditioning that occurs in the trauma environment. By educating themselves on the neurobiological effects of complex trauma, educators can better understand the cognitive and behavioral patterns that trainees *may* experience in the training environment which may contribute to disconnect from peers and faculty on a regular basis or in moments of being triggered. Understanding the unique manifestations of complex trauma on the interpersonal behavior of trainees may help educators to understand and act in ways that address the disconnect that CITs with trauma histories may feel during their educational experience. This may include, for example, recognizing moments of disconnect related to trauma and working to provide trainees with physical, emotional, and relational cues to reconnect them with the present moment in the classroom. Additionally, examining the impact of attachment style and adapting to work with attachment style is another approach being discussed which may be beneficial in resolving the difficulties that participants experienced. Examples of the different neuroscience-informed interventions that may be used with CITs with a history of complex trauma will be discussed in more detail below.

For all of the participants, healing from their traumatic experiences represented a significant component of their training experience. Healing influenced participant's education and vice versa. For all of the participants, seeking individual counseling was a part of this process, as is recommended by counselor educators (Corey, Corey, & Callanan, 2011; McAuliffe, 2011) in discussing effective counselor development. Indeed, all of the participants in this study sought counseling prior to or during their training program; however, as the participants described, attending counseling was only part of the work to be done in managing the impact of trauma on professional development. For

educators, this means that assisting trainees with complex trauma histories does not end with a referral to individual counseling. Despite having the avenue of individual counseling to process their experiences and emotions, the participants still discussed the desire and need to process their experiences and the impact on their development with educators and supervisors. The limited literature examining counselors with trauma histories in regard to vicarious trauma and burnout often suggests individual counseling as fix for impairment but the findings of this study indicate that educators have a very important role to play in assisting trainees with complex trauma histories in their professional development.

In considering the literature on feelings of isolation, implications arise for the training and supervision environment. Regardless of the cause, the pattern of disconnectedness described by participants should be noted by counselor educators. Such feelings of interpersonal disconnection can negatively impact the course of training, as is seen in the literature linking perceived differences between classmates and interpersonal disagreements in the counselor education environment. Community is important for the emotional and academic success of the counselor in the training program; therefore, educators should be aware of and work to increase the opportunities for community among CITs with complex trauma histories. Feeling distant from or unsafe with colleagues may contribute to missed opportunities to integrate learning through community reflection. To combat this, educators can create a community that encourages students to connect and take risks in learning (Palmer, 2007). One such approach may include scaffolding the level of risk-taking in training tasks (McAuliffe, 2011), a technique suggested for counselors in early training. For the CIT with a complex trauma

history, however, scaffolding may provide safer opportunities for engaging in more hands-on learning in the classroom and clinical environment. When this occurs, CITs may be able to better connect with their colleagues, enhancing learning and building a network that reduces the feelings of loneliness that participants described.

While counselor educators urge trainees to ‘resolve’ personal difficulties impacting their professional development through individual counseling and self-supervision, for CITs with a history of complex trauma, these difficulties are never fully resolved. Some CITs, such as those represented in this study, continuously process and work through the effects of trauma that arise in their professional development. Counselor educators can work to alter the discussion surrounding ethics and clinical services to help trainees understand that ‘doing the work’ doesn’t mean that ‘the work’ is ever done (Corey et al., 2011). In working with CITs who have disclosed a personal complex trauma history, counselor educators may assist the process by simply acknowledging that continuing to struggle emotionally with the effects of a trauma history is to be expected, as Penelope’s mentor did in telling her that her traumatic experiences will likely always be a growth edge. It’s important to note that in describing this interaction, Penelope experienced her mentor as saying that her history was a growth edge and not an innate flaw. De-stigmatizing continued personal difficulties related to a trauma history provides room for supervisees to acknowledge their growth edges and seek support in continuing to examine and act on the effects of complex trauma on professional development.

Skovholt and Ronnestad (1995) posit that the individuated counselor is the professionally developed counselor. This means that the more the counselor is able to

reflect on and integrate the personal and professional components of self in a competent and ethical manner, the more developed, and thus effective, the counselor will be (McAuliffe, 2011). In this case, participant's acknowledgement of their experiences and pursuit of healing are important components of their counselor development. For the CIT with a history of complex trauma; however, this self-reflection may be far more complex than for other trainees. Continued interaction with the trauma system means that new trauma-related material may continue to refresh and need to be reprocessed - in this case, personal reflection is continuous and the emotional material is often new and painful, as was described by Daisy in the re-opening of father-daughter wounds during her training. While other trainees may experience familial dynamics that are continuously frustrating and do affect their clinical work, trainees with complex trauma histories may be re-experiencing damaging dynamics which trigger trauma responses that manifest in their education. Educators should expect that the CIT with a complex trauma history may continue to experience new and difficult interactions with the system in which they experienced their trauma, and can act accordingly in referring trainees to resources that may assist them. This can include, but is not limited to, individual counseling, advocacy centers, and self-help resources, among others. Miriam and Penelope described the helpfulness of reading nonfiction books discussing healing from abuse and trauma during their training; similarly, educators may have an awareness of a variety of resources to which they can refer trainees.

Counselor educators can work to provide CITs with opportunities to navigate the examination of relational influences in a safe and supported manner. For example, an educator may begin by providing individual journaling opportunities for trainees to

privately reflect on how their personal relationships influence their professional work. Counselor educators may also choose to make journals an assignment to be turned in; in this case supervisees receive the choice to disclose the impact of their history in such a way that provides safety and space for both the trainee and educator to take time to respond to one another (an experience described as helpful by Katie). Educators can then respond in writing to the trainee or provide further opportunity to discuss the assignment in a more personal venue. In these cases, educators can work to be responsive to trainee's sensitive information as it applies to the course content being discussed. This allows educators the chance to respond empathically and directly connect support to training goals. An example of this was described by Katie, in which she chose to disclose through a written assignment and received emotional support *and* educational feedback from her instructor. While Katie received support, other participants had a different experience in which they were disregarded in their attempt to share the impact of their history on their experience. Educators can find additional routes through which they may encourage, support, and challenge CITs with complex trauma histories in understanding how their personal relationships continue to influence their professional life.

In addition to normalizing the lifelong healing and reflection process, educators can also work to model behaviors that promote effective self-reflection and personal development. Hallie described the impact of her instructors providing general disclosures about their own continued emotional struggles and Penelope verbalized the desire for her faculty model vulnerability and the effective navigation of boundaries. Counselor educators may normalize the healing process for CITs with complex trauma histories by giving appropriate disclosures of their own self-reflection and growth process as it relates

to course material and enhancing student development. For example, an educator may share how their awareness of the role they play in their family influences their present-day interpersonal style as a counselor. Educators who identify as having experienced trauma may also determine that sharing parts of this information may be effective in modeling self-reflection and personal work to trainees. Educators can select the level of detail to which they share this information, but this action provides trainees with a concrete example of acknowledging and bringing awareness to the influence of personal history on professional development. To add further invitation to trainees with a trauma history, educators may acknowledge that for some trainees, reflection on traumatic experiences may be a part of this process. Acknowledging the possibility of traumatic experience to the class as a whole may create the safety and opportunity for any trainees who do identify as having experienced trauma to reflect and/or disclose while simultaneously normalizing the possibility of traumatic experience to the entire class. Providing such normalization advocates for the de-stigmatization of trauma for clients and students with trainees who have and have not experienced trauma in their life.

Counselor educators may recognize that for a trainee with a complex trauma history, the self-reflection process may take longer and require more emotional support than can be obtained in individual counseling alone. In addition to discussing the pursuit of individual counseling where necessary, educators can encourage trainees to conduct self-supervision activities that allow for the processing of personal material in a way accessible to the triggered brain. For example, a supervisee may experience clinical work that triggers a recent interaction with an abusive family member. If the supervisee needs time to regulate and process this interaction prior to the start of their clinical work, the

supervisor can assist the supervisee by providing them with the opportunity to conduct a self-supervised sandtray, or a sandtray with the assistance of the supervisor (if determined to be appropriate). Using this projective technique allows the supervisee to process the material in a nonverbal manner while providing a safe distance from the material. It also provides the supervisee with a 'bird's eye view' of how their experience may be impacting their clinical work. If processing as part of supervision, supervisees can choose what level of content they share with their supervisor. Supervisors can help CITs by providing opportunities to reflect on the impact of personal experience on the professional self in a safe environment with means supported by the literature on the neurobiology of complex trauma.

In discussing the impact of traumatic experiences on their professional identity, the participants in this study described their experience with personal counseling impacting their approach as a counselor in tangible ways. Some of these effects included adopting the theoretical or philosophical approach of their own counselor or learning to use the same techniques that were effective in their own healing. The counselor's orientation should be congruent with the counselor's worldview and core values; however, as Jack expressed, clients may need different techniques and approaches than those that were effective for the counselor in their personal trauma-related experiences. While many of the participants expressed working with other trauma survivors, they will also likely work with clients from different backgrounds and experiences who have different clinical needs. Some CITs may need supervisory assistance in recognizing and adapting their approach to clients without traumatic experiences who seek counseling to address non-trauma related needs. For example, the trainee who is largely influenced by a

positive experience of trauma-informed counseling may rely heavily on a relationally focused approach and the use of body-awareness techniques with a client who would better benefit from targeted assistance with career-related issues.

Counselor educators can help CITs to identify the ideal moments to use different approaches, and when necessary, offer alternative approaches for use with clients. At times this may include asking trainees about their personal counseling experiences (making clear that the focus is on understanding the approaches and techniques that were helpful for them and why) to better understand if and to what extent personal experience is influencing their approach. Then, the supervisor may discuss the reasons for using a particular approach or technique with the trainee and compare the two and to what extent the approach being used is helpful for the particular client and their presenting concerns. While techniques may need to be adapted session to session and client to client, educators can help supervisees to identify and retain ways of being learned in personal counseling that they found valuable to their own approach. This will help counselors to provide effective services that best meet client needs while retaining a style in which they are most effective.

Counselor Training and Development

Several themes from participant interviews are relevant to add to the existing counselor development literature and its application to serving CITs. In particular, the meaning-making process of participants and the impact of complex trauma experiences on the person of the counselor provide areas of intervention for educators to enrich the development of these trainees in a targeted way. Implications of the study findings and the current literature are described below as they apply to counselor development.

When trainees address finding meaning in their experiences in the context of counselor education, supervisors may not only assist the trainee in further understanding the impact of traumatic experiences, they may also be promoting posttraumatic growth and resilience for these trainees. It is not the goal of the educator to help students heal from traumatic experiences, but educators can assist in this process to the benefit of the student and clients by promoting resilience in trainees. Where appropriate, educators can support CITs in discussing how they attribute their experiences to their motivations as a counselor, including the strengths of these motivations as well as the potential for countertransference that can occur in their clinical work as a result of their meaning-making process. This may help the trainee to articulate to themselves and others their mission as a counselor. The participants largely linked their experience of trauma to their purpose as a clinician. For other trainees of similar backgrounds, better understanding their own motivations for entering the field may increase trainee self-awareness of the clinical environment which best suits them.

Participants described a variety of clinical characteristics, approaches, and values related to their experiences and their healing process. Similarly, counselors have described the impact of significant life experiences, including traumatic grief, as related to their values and theoretical orientation as a counselor. In considering the finding of CITs with complex trauma as wounded healers (Jung, 1966; Nouwen, 1990) (healers with the desire to provide to clients something they did not receive and the desire to work with clients healing from trauma), educators can provide the same career-oriented guidance and support that they would for other trainees with the addition of understanding and incorporating considerations salient to the trainee's history and its effects on their

professional development. Supervisors in environments focused on trauma-related counseling should be aware of the likelihood that many clinicians specializing in trauma may themselves be trauma survivors (Pearlman & Mac Ian, 1995). If this is the case, providing opportunities for supervisees to receive relevant support may be just as critical for site supervisors as their faculty counterparts. For the CIT with a desire to work in the trauma field, supervisors can support supervisees in taking steps to continue building awareness and reduction of their own trauma reactions in the clinical environment. Supervisors can facilitate open conversations with supervisees to better understand where supervisees perceive their need for support in pursuing a trauma specialization. While the existing literature often hypothesized the connection of trauma history to the inability to effectively work as a trauma counselor, this belief is minimally substantiated in research findings. Educators can support supervisees in navigating this career choice in an effective way as opposed to other approaches in the literature which suggest that trauma work may be hazardous to the counselor with a trauma history (Jenkins et al., 2011). Counselor educators can work to encourage trainees to find strength and passion in this part of their identities while working to help trainees to ensure that countertransference and personal motivation are not overshadowing services to their clients.

Participants described a heightened sense of perceptivity and empathy as a result of their experiences, and trainees with a history of complex trauma may have a heightened clinical intuition compared to their peers. Jack described a situation in which he was able to identify an underlying difficulty that a client was experiencing before the client had disclosed it and before his colleagues were aware; similarly, some trainee survivors of complex trauma may be more adept at or comfortable with relying on their

enhanced intuition to understand clients and make clinical decisions in the moment. Trainees may not be used to using these skills in a professional context and may need help in identifying when their perceptivity is providing them with important information about a client. Use of role plays, modeling, and encouraging appropriate risk-taking in conceptualizing clients and the use of immediacy with clients are common approaches used by counselor educators to help supervisees to hone empathy and perceptivity. For CITs with complex trauma histories, a layer of anxiety may come with using these advanced clinical skills that were once adaptive coping tools for the trauma environment. Counselor educators can assist CITs in harnessing this valuable skill in the clinical environment.

While a strong intuition can be an effective clinical tool for the adaptive counselor during their development (McAuliffe, 2011), counselors must learn to balance the use of intuition in a way that is effective to the therapeutic relationship. In their early development, counselors with a complex trauma history may experience their heightened intuition with a great deal of anxiety. Considering that this ability is developed in response to the trauma environment (Hanna et al., 2000; Perry, 2009), the use of these skills may occur simultaneously with a trauma response. For example, noticing a subverted emotion in a client may also trigger a fight or flight response in the counselor primed to avoid an explosive parent figure. Daisy described this phenomenon as experiencing the world with finely tuned antennae, a skill she reported sharing with her adolescent clients who had also experience trauma. While building therapeutic rapport often requires a balance of creating safety and challenging the client, the trainee may find it difficult to avoid confronting the client about their denial of an emotion sensed by the

counselor, as ignoring this subverted emotion may be equated with danger. Trainees may find themselves triggered with such clients, and may need educator support in continuing to balance the strengths and growth edges of having increased perceptivity. In this case, counselor educators may use role plays to help supervisees gain comfort with a client who is denying or unaware of an emotion that the counselor perceives. The educator may want to provide close supervision of supervisees when they encounter such clients, if the supervisor is in an environment that allows for synchronous viewing of sessions. The use of mid-session breaks can then be targeted at processing the emotions experienced in attempting immediacy with the client and ending the mid-session break with a very brief regulating intervention prior to returning to the counseling session. As supervisees gain comfort with their enhanced empathy/perceptivity, they can use this sharpened skill to benefit clients in helping them to identify subtle emotions experienced.

Counselor Educators

In describing their educational experience, participants highlighted several themes that have implications for counselor educators. The integration of these findings with the existing literature provide a structure from which counselor educators can take action to better serve CITs with complex trauma histories in the counselor education environment. Discussion of the themes relevant to counselor educator action are described below.

The hesitancy described by participants about disclosing their history to educators is perhaps one of the greatest indications of the continued stigmatization of trauma survivors. As described in the literature above, shame and fear of negative educator perception and evaluation did influence the decision of some participants to avoid disclosing their trauma history to supervisors, even when it was influencing their clinical

training and services. It is likely that other CITs with complex trauma histories may experience shame or fear which cripples their perceived opportunities to receive support with their histories in their training. The power differential between educator and student is inherent to the educational relationship and is difficult to remove; however, educators can work to lessen the impact of the fear of evaluation on CIT disclosure. While in most cases CITs have the choice of whether or not to disclose their traumatic experiences, supervisors can work to set up an environment and relationship that is safe and welcoming of such disclosures as they are relevant to counselor training. In addition to encouraging self-reflection and the use of supervision that is effective for all counselor development, educators, can take steps to promote student disclosure in the training environment.

Of greatest note in participants' experiences is the nature of the interactions which were received positively versus those received negatively. Those interactions that participants described as effective often concerned educators being comfortable and clear in responding to the effects of trainee trauma history on their educational experience and the relationship between educator and student. Those interactions that participants described as ineffective were often incidents in which educators shied away from or even shamed students for their attempts to address the effects of their trauma history on their education; and in some cases, participants noted the absolute lack of educator availability and support as ineffective. Magnuson, Wilcoxon, and Norem (2000) found that contributors to 'lousy supervision' included the lack of ability to model effective counselor behaviors and an intolerance for differences between the counselor and supervisor by the supervisor. Such behaviors may be contributing factors to the

difficulties described by the participants here. It's important for counselor educators to better understand the factors that may impede them in being responsive to these students in the different learning environments. Further discussion of actions that may be taken to address this concern can be found below in the section titled *Counselor Educator*

Title IX and training. Another consideration in disclosing for participants Miriam and Grace was the possibility of Title IX reporting by educators. Counselors are trained to inform and include clients in mandated reporting as much as possible to maintain the integrity of the therapeutic relationship and honor the personhood of the client involved; similarly, it would be beneficial for supervisors and educators to include supervisees in mandated Title IX reporting. This contributes to the sense of safety and agency necessary to an effective educational environment (McAuliffe, 2011; Rogers & Freiberg, 1994). Above and beyond the inclusion of students in Title IX reporting, specific to supervision, Welfare et al. (2017) recommend the inclusion of Title IX considerations in the informed consent process for supervision. Additionally, the authors recommend providing in-the-moment informed consent discussions with supervisees warning them of Title IX should supervisors feel that they are beginning to disclose information that falls under Title Nine mandates (Welfare et al., 2017). While taking these steps may deter some CITs from disclosing their history, this lack of disclosure will be their decision. In the event that CITs choose not to disclose, it is likely that they have determined the repercussions of disclosing are more detrimental to their wellness and educational experience than the benefits of receiving supervisor assistance; and in this case, the supervisor is still providing assistance in the supervisee's best interest.

Counselor educators can also work to advocate for trainees with a complex trauma history at the administrative level by addressing Title IX considerations with Title IX officers at their institutions. Specifically, educators can help Title IX officers to understand the unique and highly sensitive nature of counselor training, which may include the disclosure of personal experiences. They can also help Title IX officers to understand how critical it is for trainees to develop in an environment in which they feel safe to disclose the impact of personal experiences on their training, which occurs when trainees have control over when and how they disclose. This may assist educators and Title IX officers in addressing mandated reporting in a way that is more effective for these trainees and provides greater flexibility for the parties involved. Improving the reporting standards and the Title IX experience of CITs may empower them to disclose their history more often as it applies to their training without fear of administrative repercussions.

Participants largely described the desire for clearer boundaries from educators in the training environment. Better understanding what is considered appropriate and inappropriate by educators may help supervisees in determining when and how to disclose their history as it impacts their training with greater confidence. As Katie mentioned, even in sharing her trauma in class and having her experience well received by colleagues, she still experienced doubts about how much and for how long her instructor wanted her to share her experience. Counselor educators can provide discussion of personal disclosures at the front end of a course to set clear expectations and provide students with time to consider their desire to disclose so that they are not left to make these decisions in the moment.

The desire for clear communication from educators also extended to trauma responses to ambiguous tasks in the training environment. For example, Daisy, Jack, and Penelope all described fear and anxiety connected to ambiguous tasks on which they were being evaluated and how this influenced their interaction with educators and feelings during moments of evaluation. By better understanding when and why moments of tension may arise for CITs with complex trauma histories, educators can understand crucial moments in which to respond in an informed manner. In the case of the evaluative moments described by participants, an increase in communication and creating a sense of safety for these supervisees is paramount. Being trauma-informed and willing to have such conversations with CITs may even open avenues for them to better communicate their experience to educators. The participants in the study were able to very clearly articulate why certain evaluative interactions were difficult for them, and educators who can ‘speak the same language’ and understand why a supervisee may be triggered have an advantage in resolving tension that may occur with the trainee and themselves. Effectively handling moments of interpersonal rupture with healing repair (Perry, 2009) can begin to build a relationship marked by trust which is critical for complex trauma survivors. An instance of rupture and effective repair can be seen in Clark’s story of feeling put on the spot by his instructor for Group Counseling and the authentic communication that occurred between the two after the incident. Empathy, vulnerability, communication, and consistency in relationship are absolutely critical to the effective educator/student relationship between a counselor educator and CIT with a history of complex trauma.

Educators may take steps in the classroom and training environment to support CITs with complex trauma histories in some of the same ways that they would promote equity for students with marginalized identities. One such action that educators may pursue is including the acknowledgement of trauma and trauma-informed approaches from the start of class. This can include statements acknowledging trauma history as a part of personal reflection that may occur in interacting with course material and trigger warnings for certain course material. The course syllabus is also another effective place in which to promote the use of individual counseling for all students. Supervisors of practica and internship can include statements addressing trauma history as a component of identity or experience that may be addressed in supervision as it relates to training, in addition to including Title IX information as a part of the informed consent process. Supervisors may also use informed consent as a time to normalize the possibility of referring a supervisee to counseling for additional support in their development. All of these steps may help to de-stigmatize experiencing trauma and present the educator as comfortable with and willing to address trauma. Ideally, this will encourage CITs to feel comfortable in disclosing their experience to receive any needed support in the education environment.

Educators may provide support in making space for conversations about the impact of continued interaction with the trauma system and traumatic experiences on educational success. For some participants, such as Angie (whose trauma experiences included a component of physical recovery) the recovery from trauma impacted the educational experience in tangible ways. In some cases, educators can act as allies and provide logistical support to students in addition to emotional support. This support may

include advocating for students and assisting in removing educational barriers related to traumatic experiences or continued interaction with trauma systems. In these cases, the educator acts as an advocate for the student as they would in other social justice situations. For example, both Angie and Grace described the impact of their trauma occurring during their educational experience, which for Angie included having to pause and re-start her education. Angie encountered significant barriers to re-obtaining financial aid and pursuing internship opportunities related to her need to heal from her trauma and was re-victimized in having to ‘prove’ her case in order to continue pursuing her education. While her experiences with administration were taxing, she appreciated the efforts of her instructors petitioning with administration on her behalf to allow her to increase her course enrollment in order to make up for a missed semester of school. While the actions taken by educators will be specific to the situation, Angie provides an example of how educators can make an impact on the effects of complex trauma on the counselor’s educational experience.

The growing use of trauma-informed approaches in community counseling has expanded to the use of trauma-informed approaches in other communities, including the public education system (Crosby et al., 2018). The National Middle School Association’s *This We Believe* campaign calls for educators to use educational approaches that recognize the extracurricular challenges students face and work to incorporate such recognition into subsequent curriculum planning (Crosby et al., 2018). In particular, Crosby et al. (2018) note that this mission addresses the adversities that child trauma survivors face in their personal lives as well as the school environment. The personalization of educational experiences is also an experience conceded in the

counselor education literature (Skovholt & Ronnestad, 1995). Counselor's learning is most impactful when it connects with the personal in a safe environment (McAuliffe, 2011). Creating such an environment that provides for the safety to process personal learning, is key to the counselor educator looking to improve the experience of CITs with complex trauma histories.

While trauma-informed education is being supported in the K-12 literature, the findings of this study point to the need for graduate counselor educators to consider and adapt to the needs of their students as well. The *This We Believe* campaign highlights a need that also exists for counselor trainees: "...the opportunity to learn in an intellectually, academically, emotionally, and physically safe environment that best meets their needs (Crosby et al., 2018, p. 16)." Crosby et al. consider this integration of trauma-informed pedagogy a form of social justice education, and given the stance of various counselor professional associations (American Counseling Association, Association for Counselor Education and Supervision, Council for the Accreditation of Counseling and Related Educational Programs) on counselors as social justice advocates (Kaplan & Gladding, 2011), further understanding and incorporation of trauma-informed pedagogy in counselor education would be helpful to counselors with complex trauma histories. Carello and Butler (2015), social worker educators, note that providing trauma-informed education and considering the impact of teaching style and course content on the risk of vicarious traumatization and re-traumatization of graduate Social-Work students is an ethical mandate in the role of the helper to do no harm, as prescribed by the Hippocratic Oath. Counselor educators should also consider this and the well-being of students as reasons to incorporate trauma-informed curriculum planning.

In addition to thoughtful curriculum planning, trauma-informed education should include the creation of an environment that is emotionally and physically supportive of CITs with complex trauma histories. Addressing the possibility of counselor history of traumatic experience, the risk of encountering trauma triggers in class, normalizing the impact of complex trauma on the counselor, and providing community and emotional support to CITs with trauma histories are some of the steps educators can take in being trauma-informed. This may be particularly important in the courses that participants described as having the greatest interaction with their trauma histories (i.e., Practicum and Group Counseling). Educators should identify and adapt coursework and the class environment for these and other courses with intense interpersonal components that may be particularly challenging for trainees.

In classes, educators can also incorporate somatic components of trauma-informed teaching into their classrooms. The participants in this study described the positive impact of somatic work in their individual counseling as well as the ways in which they continued to incorporate body-awareness into their personal and professional lives to overcome the symptoms of complex trauma. Counselor educators can leverage somatic practices that provide safety and regulation for counselors in the sometimes-stressful counselor training environment. One such example includes the incorporation of guided mindfulness activities in the classroom prior to or in congruence with the introduction of potentially triggering tasks. Educators can also introduce self-regulating tools, including kinetic sand and stress balls to help students remain grounded within their senses- this not only provides an intervention to assist trainees, but also models interventions that can be used by trainees with their clients. In clinical training,

supervisors can model physical grounding practices that can be used in session and complete role plays with trainees to practice clinical encounters that may contain trauma triggers, as Hallie's supervisor did with her. These are just some of the ways that educators can integrate somatic interventions into their instruction to infuse trauma-informed approaches in the classroom.

Counselor Educator Training

While the study and its implications were largely focused on understanding and better serving counselors-in-training, the findings of the study also have implications for the training of counselor educators at the doctoral level. While this was not the initial intent of the study, the implication for counselor educator training cannot be ignored. Overwhelmingly, participants described frustration with educators who appeared uncomfortable with their histories and how to assist them. Participants describing positive experiences with educators described educators who were comfortable and willing to address the impact of traumatic experiences with modeling and clear communication. The current literature in counselor education related to trauma highlights the possibility of why this may be occurring and how counselor educator training programs may be able to address this gap in training.

Watkins Van Asselt, Soli, and Berry (2016) gained insight into the experience of educators in teaching crisis-counseling through the use of an experiential activity at a national Association for Counselor Education and Supervision (ACES) conference. The researchers found that participants were uncomfortable with teaching crisis-related topics, most often because they had received little to no training on this topic in their own education. McAuliffe (2011) notes a similar pattern, specifically, the fear of losing

control, for counselor educators assuming a teacher-centered teaching style. Many participants also indicated discomfort due to changing competencies determined by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). In the same vein of the unknown, educators may experience a similar hesitancy if encountered with a trainee in crisis or expressing the need for assistance with the effects of trauma on their education.

Currently, no training exists for counselor educators addressing the needs of trainees with a history of complex trauma, and CACREP has no standards beyond the generic standards addressing counselor competency and trauma-related course content for serving clients. Carello and Butler (2015) provide a recommended framework for trauma-informed education in the social-work graduate training environment. In the same way that the participants expressed fear in navigating the ambiguous boundaries of disclosing the educational effects of their history to educators, it is likely that many educators fear attempting to navigate the grey area of educator-student boundaries in acknowledging and addressing trainee trauma history. In Carello and Butler's (2015) article, Carello wisely addresses this boundary concern, and her reason for overcoming her fear: "My goal was not to learn how to provide therapy to students but, instead, to ensure their-and my own-emotional safety, especially when discussing traumatic material" (p.268). Indeed, Carello and Butler's approach to trauma-informed education preemptively addresses and normalizes trauma responses to difficult course material and assumes the likelihood of some students being triggered, which reduces the need for student disclosure. In this way, educators with concerns about maintaining appropriate

boundaries can be trauma-informed without encouraging student disclosure of traumatic experiences.

Providing training and an adaptable set of educator guidelines to address trainees with complex trauma histories may be beneficial in providing educators with the structure, and therefore greater comfort, in assisting trainees. When considering the likelihood that educators will encounter students who have experienced trauma and preparing accordingly, educators may reduce the anxiety associated with unplanned encounters and unclear boundaries. In the future, professionals may endeavor to create a clearer approach to this facet of education. Bringing together CITs who have experienced complex trauma, supervisors and educators who have assisted these trainees, and clinical trauma specialists to create a set of best practices to assist trainees may be a future avenue for increasing opportunities to address trauma histories in the counselor education environment.

Limitations

A primary limitation to the study is in the method I used to recruit participants. More specifically, I relied on others to disseminate the call for participants. Specifically, I relied on program leaders at each university to receive my email request and pass it on to their students. I did not receive any acknowledgement of receipt of my email from program leaders from two institutions. Because I was unable to recruit from every program in the region, the participants may not have been as diversified as it would have had participants been recruited from more institutions.

Despite my proposed plan to participants through screening methods, I did not obtain the maximum number of participants (12) in order to begin the screening process.

This may have been a result of the largely Caucasian demographic of the region from which I recruited; further, counselor education programs as a whole are largely comprised of White female students (Meyers, 2017). I interviewed all nine interested individuals who met the study criteria. The pool of participants was not largely diversified. Specifically, seven of the participants identified as White/Caucasian and from European ethnicities, and only two participants identified from other ethnicities (Mexican, Cherokee Indian). Given that the literature in counseling and trauma shows the interaction of personal identity on the individual's response to traumatic experience, having a more racially and ethnically diverse pool of participants may have provided a broader perspective on the topic. Seven of the participants identified as women, and two participants identified as men. While it was beneficial to have a small number of male-identifying participants in the sample, it may have been beneficial to have more male-identifying and non-binary gender identity participants.

Because the study did not have a largely diverse participant pool, counselors and counselor educators will need to extrapolate and make meaning of the findings as they apply to individuals with different identities and experiences. This, however, is not a generalizability limitation, because the purpose of qualitative research is not to provide generalizable findings; further, the vastly unique nature of trauma (as described in Chapter II) does not lend itself to the generalization of results. For this study, consumers should consider how additional and different identities from the participants' may differently influence the experience of a trainee. For example, the experiences of Miriam, Hallie, and Penelope may assist other trainees and educators in understanding components of the experience of other White woman-identifying trainees with a history

of childhood sexual abuse. While some generalities may be identified, it's important to remember that each individual has a unique experience and unique characteristics and personality from which they respond to adversity. For this reason, consumers are encouraged to use the findings to understand the *possibility* of similar themes in the experience of another trainee with shared identities.

Finally, the participants interviewed for this study may be unique from their counterparts who did not respond to the study. There may be particular qualities about the CITs who chose to respond that are unique. Those who chose to respond likely did so because they could connect their trauma experiences directly to their training experiences and had some prior awareness of this; simultaneously, other CITs with complex trauma histories may not feel that their experiences directly impacted their training experience, and therefore did not consider responding to the study invitation. Many of the participants in the study described being thankful to participate and feeling that this research was an important step in advocating for trainees with trauma histories. Many of the participants seemed personally invested in advocating for CITs with trauma histories as a whole, and this may have influenced their participation and response to the study. Because of this, findings should be extrapolated to the general population with caution, and consumers should note that trainees may feel the impact of their history on training in varying levels.

Future Research

Despite the current trend of focus on symptomology and negative outcomes in trauma research and trauma informed practices in counseling, other research on the experiences of CITs with a history of complex trauma does not exist. The literature on the symptoms of complex trauma, the interpersonal and vulnerable nature of counselor

training, and the experiences of the participants in this study all indicate that being a complex trauma survivor and counselor-in-training is a unique experience that may be further impacted by the training environment and awareness of counselor educators. For this reason, the literature in the fields of counseling, counselor education, and trauma research would benefit from continuing research on the topic. I will take this opportunity to discuss some of the avenues of research which I believe would be beneficial for the continued study of this topic.

Because of the inherently unique nature of traumatic experiences on the individual, I assert that trauma research and findings cannot be categorized by type of event or identity of participant; however, similar studies to this one that continue to diversify the voices describing their experience as a CIT with a trauma history would be beneficial. Within this area of research, it would also be beneficial to widen the participant pool to include individuals who have experienced single-event trauma as well as expanding the nature of trauma experience of different participants given the difference in symptomology for single-event and complex trauma explained in Chapter II.

Because of the shifts in perception, experience, and career-related tasks across the lifespan of counselors, another unique participant characteristic that would be worth further study is the developmental stage of counselors with trauma histories on their perception of their experience. The current study included several individuals who identified as nontraditional students, and these students had some unique experiences that may have related to this part of their identity. Based on the development research (Ronnestad & Skovholt, 2003) showing the changing awareness and beliefs of counselors

at different stages in their careers, another line of research may include interviewing licensed counselors with varying years of experience to see how their reflection on, and understanding of, their experience changes over time and with increased clinical experience.

With the participants in this study, there was a divide between those who perceived having effective support from supervisors in regard to the impact of their trauma history on their training and participants who did not perceive receiving any support from faculty. CACREP and ACA note the importance of effective educational and supervisory practices in the training and assurance of competent counselors. Given this, further study of CIT experiences with faculty in regard to their trauma history may be beneficial. Such research may lend itself to further understanding of what educational and supervisory practices were most and least effective in supporting and training CITs.

In this same realm of research, a study specific to the experiences of supervisors may add to the professional literature. Understanding the same critical events that trainees describe from the perspective of the educator or supervisor would add an additional understanding of training for CITs with trauma histories. Specifically, interviewing supervisors who have experience providing trauma-informed supervision to CITs may be of unique interest. This would lend itself to understanding best practices in the supervision and training of CITs with a complex trauma history.

Some participants described negative supervision experiences with site supervisors during their internship experience. Much of the research in the field and recommendations for future research laid out here are focused on the academic environment. Better understanding the internship experiences of CITs with trauma

histories would be beneficial, as internship is often a difficult and critical time in the development of the counselor. Such research would add to the literature for clinical supervisors and educators providing supervision of internship. Such research would also add information to effective supervision practices for both site and faculty supervisors.

Not all of the participants in the study endorsed a history of sexual trauma; however, some of the participants who did discussed experiences and/or fear of being involved in Title IX reporting at their respective universities. Given the unique boundaries of counselor education and the early examination of Title IX implications on counselor educators and supervisors, it may be beneficial to study this topic further. Specifically, it may be helpful to interview counselors-in-training whose trauma experiences would fall under the umbrella of Title IX reporting to better understand their experiences with Title IX, as well as their thoughts and feelings about disclosing their experiences to educators with requirements to report given Title IX policies. Given that two participants described avoiding disclosure specifically to avoid a Title IX report, this topic warrants further attention. Such a study may be beneficial in further developing guidelines by which counselor educators can navigate assisting their students while honoring their desire to report or avoid reporting their experiences to the university.

Conclusion

Through the voices of nine participants, this phenomenological study sought to identify the essence of being a counselor-in-training with a complex trauma history in a training program. The findings highlight the characteristics that help define the experience; specifically, the nature of experiencing complex trauma, healing from complex trauma, the impact of complex trauma experiences on the person of the

counselor, and experiences in the educational environment. Participants identified various areas of strength and positive influence of their experiences on their abilities as a counselor; simultaneously, they described encountering their histories throughout the training process, and navigating a variety of effective and ineffective interactions in their educational environment as part of this experience. These counselors may be able to leverage their strengths and unique characteristics in their profession with the intentional support of counselor educators. The overarching influence of societal messages about trauma and trauma survivors can be seen in the findings, including participants' frustration with the continued manifestation of triggers, feeling different from their peers, and the need to consider other's responses to their disclosure of their experiences. This study provided core characteristics that help consumers to identify the phenomenon of being a counselor-in-training with a history of complex trauma, as described by the CITs themselves. Understanding the essence of their experience provides counselor educators a lens through which to understand and better assist these counselors-in-training without perpetuating the stigmatization that they often experience.

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APPENDIX A
INSTITUTIONAL REVIEW BOARD APPROVAL



Institutional Review Board

DATE: June 5, 2019

TO: Jesseca Manson, M.A.

FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [1405382-2] The experiences of Counselors-in-training with complex trauma histories

SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVED

APPROVAL DATE: June 5, 2019

EXPIRATION DATE:

REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB has APPROVED your submission. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

Under the recently revised Common Rule, this project will not require annual continuing review by the committee. Your project has been assigned a "Next Report Due" date of June 5, 2022. Just prior to that date, the IRB will check in with you to get a current status of your project. This will help us determine if your project needs to be extended or if your study is ready to be closed.

If you have completed your project prior to that date, please contact the Office of Research & Sponsored Programs to complete a closing report.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

APPENDIX B
CONTACT AND RECRUITMENT EMAIL

Hello Dr. (name),

I hope this email finds you well. My name is Jesseca Manson, and I am Counselor Education and Supervision PhD candidate at the University of Northern Colorado. I am contacting you to request assistance with passing along a participant invitation for a study of Counselors-in-Training with a personal history of complex trauma. The purpose of this phenomenological study is to understand the training experiences of Counselors-in-Training who identify as survivors of complex trauma. This study is being conducted under the supervision of Dr. Heather Helm and has been approved by the Institutional Review Board at the University of Northern Colorado. If you are willing to pass this along to your master's students or onto your program email listserv, I would greatly appreciate your assistance in forwarding the following email to them. Please do not hesitate to contact me with any questions or concerns at Jesseca.Manson@unco.edu. Thank you so much for your assistance,

Jesse Manson, MA, LPC, NCC, RPT
CES Doctoral Candidate
University of Northern Colorado
Pronouns: she/her/hers

Hello,

I hope this email finds you well. My name is Jesseca Manson, and I am Counselor Education and Supervision PhD candidate at the University of Northern Colorado. I am currently seeking participants for a phenomenological study of counselors-in-training with a personal history of complex trauma. The purpose of this study is to understand the training experiences of counselors-in-training who self-identify as survivors of complex trauma. Participants will complete an in-person interview with me, which will include the completion of a sandtray. Participants will also complete a follow-up prompt and member check after the interview. This study is being conducted under the supervision of Dr. Heather Helm and has been approved by the Institutional Review Board at the University of Northern Colorado.

Criteria for participation in this study include:

- Student currently enrolled in a CACREP accredited Master's level counseling program
- Self identify as having experienced complex trauma and/or feel that they have experienced complex trauma based on the following definition by Ford and Courtois (2013): "...extreme forms of traumatic stressors due to their nature and timing: in addition to often being life-threatening or physically violating, terrifying, or horrifying, these experiences are typically chronic rather than one-time or limited, and they compromise the individual's personality development and basic trust in primary relationships."
- Willing to meet in-person for 60-75-minute interview with researcher

Participants may also elect to be entered into a random drawing for one of four \$25 amazon giftcards as an incentive for their participation.

If you are interested in participating in this study, please complete the inclusion criteria/demographic form and email to Jesseca.Manson@Unco.edu. Please do not hesitate to contact me with any questions. Participants may also contact my research advisor, Dr. Heather Helm, at Heather.Helm@unco.edu.

Thank you for your time, and for considering participation in this study which will contribute to the understanding of counselors-in-training with complex trauma histories.

Sincerely,

Jesse Manson, MA, LPC, NCC, RPT
 CES Doctoral Candidate
 University of Northern Colorado
 Pronouns: she/her/hers

APPENDIX C

PARTICIPANT INCLUSION CRITERIA AND DEMOGRAPHIC QUESTIONNAIRE

Thank you for interest in participating in my research! This form is intended to ensure that you meet the inclusion criteria for the study and to provide me with some information about your identities.

Please Check sign or type your name on the line below to acknowledge that you meet all of the following criteria:

-I am currently 18 years or older

-I am a master's level counseling student who has completed my first practicum experience

-I am currently enrolled in a CACREP accredited counseling program

-I identify myself as having a history of complex trauma

-I have access to a computer and email for correspondence

-I am willing and able to meet for an in-person interview. I recognize that the researcher will make every effort to schedule the interview in a location that is convenient to me.

_____ I acknowledge that I meet all of the above criteria.

Demographic Questionnaire:

Please provide your gender identity:

Please provide your racial and ethnic identity:

Please provide your age:

Please provide how many years you have been enrolled in your current master's program:

Thank you for your willingness to participate, and I look forward to scheduling an interview with you!

Sincerely, Jesse Manson

APPENDIX D
RESEARCH CONSENT FORM



CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: The Experiences of Counselors-in-Training with Complex Trauma Histories
 Researcher: Jesseca L. Manson, Counselor Education and Supervision, CEBS
 Phone: (719)459-4338 E-mail: Jesseca.manson@unco.edu
 Research Advisor: Dr. Heather Helm, Applied Psychology and Counselor Education, CEBS
 Phone: (970)351-1630 E-mail: Heather.Helm@unco.edu

Purpose and Description: The purpose of this phenomenological study is to understand the training experiences of counselors-in-training who identify as having experienced complex trauma. You will be asked to complete a demographic questionnaire and participate in an in-person interview which will last approximately 60-90 minutes. In the process of the interview, you will be asked open-ended questions about your experiences as a counselor-in-training and how they connect to and/or are influenced by your personal experience with complex trauma. At the end of the interview, you will be asked to complete a sandtray portraying your experience as a counselor-in-training with a history of complex trauma. After interviews are complete, you will be invited via email communication to answer a follow-up prompt and conduct a member check of the themes that emerged from your interview.

Your interviews will be audio recorded for transcription purposes. Transcriptions and audio recordings will be stored on the primary researcher's password protected private use laptop in a password protected document. The primary researcher, research advisor, assistant researcher, and one external auditor will be the only individuals with access to the data, and data will be de-identified by the primary researcher prior to disseminating any transcripts to the research team. Only myself and the student assistant researcher and student external auditor will have access to the original interview transcriptions; no faculty will hear or view the original interviews. Transcriptions will be destroyed immediately after the research has concluded. Interview transcriptions will be retained for a period of three years after the conclusion of interviews, however, identifying information will not be included on the transcriptions. Participant anonymity will be protected by having participants create a pseudonym which will be used in interview transcriptions and any subsequent presentation and publication materials. Only the primary researcher will know participant's real names. The research advisor, Dr. Heather Helm, will retain participant consent forms in a locked cabinet in her locked office (McKee 286) for a period of three years after the research is conducted.

As stated previously, you will remain anonymous through the use of pseudonyms in transcriptions and subsequent quotes or material shared in written or presented formats. Any quotes containing identifying information (e.g. a reference to a particular region or location) will be altered or masked with your feedback. You are invited to inform me if there is any interview information that you do not want directly quoted in subsequent sharing of the data for the protection of your identity or any other reason. It is possible that specific references to regions, people, or situations made may be identifiable; however, I will work to safeguard this information and invite you to inform me of any concerns.

As a component of the study, I will contact you after your initial interview and invite you to complete a follow-up prompt and check of my initial thematic findings of your interview. In order to

contact you for the follow-up process, I will utilize the primary email with which we have been communicating, and this email will contain an electronic copy of your sandtray photograph, typed transcription of your interview, and follow up prompt. I cannot guarantee the confidentiality of electronic communication; therefore, in signing this document you are acknowledging your understanding of my inability to guarantee confidentiality through electronic communication.

Risks inherent to the study include emotional discomfort caused by recalling and discussing experiences as a counselor-in-training as they relate to previous trauma. The risks inherent in this study are no greater than those that you may have experienced in discussing these experiences

Page 1 of 2

within trauma and counselor training with a counselor, supervisor, or loved one. A list of local crisis and counseling resources is being provided to you as a precaution should you find discussing these experiences distressing and need to seek emotional support.

You will not benefit directly from their participation in the research; however, you may benefit from subsequent sharing and publication of this research, as its aim is to better understand the experiences of counselors-in-training with trauma histories and provide a basis for counselor education implications.

As an incentive for your participation, you may elect to be included in a random drawing for one of four \$25.00 amazon gift cards. If you elect to be included in this drawing, please initial the box at the bottom of this document indicating your desire to be entered into the drawing. Winners will be contacted via their primary email address at the conclusion of the study.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact Nicole Morse, Office of Research, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

_____ By initialing this box, I elect to be included in the random drawing for an Amazon giftcard.

Subject's Initials

Subject's Signature

Date

Researcher's Signature

Date

APPENDIX E
INTERVIEW PROTOCOL

Interview Protocol
CITs with Complex Trauma History

Overarching interview question:

Q1: “Describe your experience of being a CIT with a trauma history in a counselor training program.”

Sub-questions:

SQ1: In what ways, if any, did your traumatic experiences motivate you to enter the field of counseling?

SQ2: How does being a CIT with a trauma history influence your training experience?

SQ3: How does your identity as a trauma survivor influence your beliefs about human healing and counseling?

SQ4: How do your experiences influence your unique personality and way of being with clients?

SQ5: Do you share your identity as an individual with a trauma history, or the nature of your traumatic experiences, with supervisors, mentors, and colleagues? If so, to what extent and under what circumstances?

APPENDIX F

FOLLOW-UP PROMPT/MEMBER CHECK EMAIL

Dear (insert name),

I want to thank you again for participating in my study. As I explained to you in the informed consent process, I am contacting you to request a member check of the themes emerging from your interview. Please review the attached document containing the emergent themes and related quotations. If you can note any errors or misinterpretations in whatever form is most convenient for you, I would greatly appreciate it. The recommended changes will be incorporated to ensure that your experience is accurately portrayed and that subsequent research findings reflect the experiences of the participants. Finally, please find attached an electronic copy of the sandtray you created during our interview. After you have had a chance to review the photograph, please respond to me via word document or email to the following prompt:

“Please explain any additional insights, thoughts, or additions you would like the researcher to know about since your interview and sandtray experience.”

I greatly appreciate your willingness to further contribute to ensuring the accurate and effective portrayal of participant experiences in this important study. Thank you for your time!

Sincerely,

Jesse Manson

APPENDIX G
RESEARCHER SANDTRAY



Jessica's Sandtray.

APPENDIX H
PARTICIPANT SANDTRAY KIT



Sandtray Kit Provided to Participants.

APPENDIX I
INITIAL THEMES

Initial Themes

Perspective of Participants

- Circular, recursive healing process rather than linear
- Doing self-work/therapy
- Trauma as form of grief
- Recognition of commonality of trauma
- Trauma impact on physical health
- Trauma is never done
 - Frustration-trauma is never done
 - Anger that trauma is never done
 - Apathy-trauma is never done
- Intergenerational trauma
- Trauma perpetrator still active in life- difficulty healing/part of navigation
- Desire to separate trauma and system from training
- Exhaustion with perpetrator and/or effects of trauma impacting training
- Interaction of new trauma and previous trauma during training
- Intersectionality of trauma with other identities
- Trauma as a form of diversity/part of identity
- Questioning normalcy as a result of experiences/Feeling different
- Humor to cope

Healing/growth process

- Partner(s) support of healing
- Trusting intuition
- Transformation
- Self-acceptance
- Internal struggle
- Healing w/ family member(s) involved in trauma
- Desire for distance from perpetrator for wellness
- Claiming validity of experience
- Personal counseling for trauma
- Meaning-making
- Use of mindfulness
- Reassigning blame to perpetrator
- Comfortable with sharing history
- Self-reflection/self-awareness
- Building comfort with anger
- Spirituality/Religion negative influence on healing
- Spirituality/Religion positive influence on healing
- Permanence of self-awareness
- Falsehood of CT as something that can be fully compartmentalized
- Reprocessing/reintegration of trauma
- Growth and self-empowerment despite negative supervision experience

Societal experience

- Feeling silenced/unable to disclose
- Incongruent messages in society about sharing, but not too much
- Trauma as hidden identity
- Stigma
- Societal disempowerment
- Desire to acknowledge identity; rejection of identity by society
- Desire for accurate representation
- Claiming survivor identity as vulnerable

Personal characteristics (CT impacting personhood/way of being)

- Socioemotional intelligence as coping/survival tool
- Independence
- Work Ethic
- Self-blame (narrative of control)
- Increased empathy/sensitivity toward others
- Perfectionism
- Difficulty setting boundaries
- Discomfort with anger
- Maturity

Clinical characteristics (CT impacting coping/characteristics that influence counseling approach)

- Passion for diversity
- Self-advocacy
- Advocacy/Use of survivor identity for advocacy
- Empowerment of other survivors
- Desire to work w/ clients who have experienced trauma/specialize in treating trauma
- Comfort with navigating unclear boundaries/setting boundaries without shaming
- Valuing trauma-informed approach to counseling
- Humanistic orientation/interest in humanistic orientation
- Acceptance of lack of control over client's decisions
- Perspicacity/Intuition/Enhanced empathy
- Desire to do family counseling/CFT
- Healing others as cathartic
- Desire to provide to others what one did not receive
- Desire to advocate for the profession
- Increased empathy/lack of discomfort with unorthodox coping behaviors
- Appreciation for complexity of human behavior/human suffering
- View of maladaptive behaviors as adaptive coping to trauma environment
- Systems view and systems approach to conceptualizing clients
- Passion for holistic/body-mind integrative counseling
- Use of movement/somatic work

Self-identified strengths influenced by history (Channeling characteristics influenced by trauma into counselor strengths)

- Resilience
- Increased empathy
- Hope for healing
- Openness
- Self-compassion
- Patience with process
- Perspicacity

Coping skills impacting training experience

- Discomfort with ambiguity/unclear communication (unsafe)
- Need for control as coping/survival
- ‘Powering through’/coping alone
- Self-care use
- Self-protection through disconnection from peers
- Perspicacity/clinical intuition
- Need for clear communication and expectations
- Effort

Influence of trauma history on counseling

- Seeking clinical understanding of traumatic experiences
- Positive experience with counseling influencing desire to become counselor

Influence of training on healing/perspective (Clinical understanding of trauma influencing personal healing)

- Enhanced self-awareness via training
- Use of counseling skills obtained to navigate perpetrator/trauma system in the present

The training environment

Influential people

Faculty supervisor

Colleagues

- Self-disclosure and obtaining support from cohort members
- Importance of cohort familiarity/intimacy in seeking colleague support
- Cohort member awareness-being trauma informed with participant

Influential courses

- Practicum
- Family Systems
- Diagnosis/Assessment

Influential activities/assignments

- Application/Interview process
- Personal reflection paper

Clinical training activity-interpersonal inventory

Desires/Suggestions for improvement

- Open discussion of triggers/countertransference with educators
- Desire for modeling in CES
- Desire for more accountability and community
- Need for culture of silence to cease in order to heal and grow
- Structuring of boundaries unique to CES (that acknowledge unique nature of counselor training)
- Desire for empowerment in CES
- Need for CES to be at forefront of changing societal response to trauma

Growth within training program (Describes finding new coping skills within training program)

- Reciprocal influence of training on healing and healing on training

Influence of training on healing/perspective (Clinical understanding of trauma influencing personal healing)

- Enhanced self-awareness via training
- Use of counseling skills obtained to navigate perpetrator/trauma system in the present

Growth within training program (Describes finding new coping skills within training program)

- Reciprocal influence of training on healing and healing on training

Education experience

- Encountering unexpected trauma triggers
- Valuing/recognition of the importance of self-work
- Importance of self-work in training program in addition to counseling
- Acknowledgement of the inability to fully compartmentalize trauma
- Experiencing triggers is not a sign that trauma has not been effectively processed
- Use of self-supervision
- Self-awareness
- Ashamed of trauma response
- Learning how to self-advocate
- Influence of trauma on interpersonal interaction w/ supervisor(s)
- Advocating for needs with educator
- Balancing vulnerability and expected boundaries in CES
- Navigating ambiguous boundaries in CES
- Lack of educator empathy reaffirms shame
- Fear of evaluation hinders ability to address effects of history
- Fear of 'karma' client and ability to handle triggers
- Concerns about trauma triggers did not manifest
- Acknowledgement of training as critical to healing experience

- Feeling scrutinized/examined in training environment
- Acknowledgement of processing trauma in training environment as important to clinical growth
- Considering disclosure-appropriate time and place
- Considering disclosure-taking up space in courses
- Considering disclosure-relevance to course topic
- Stronger influence of history on academic performance factors than on trauma triggers

Societal influence on training environment

- Pattern of impatience with trauma healing process translates from society into CES
- Intersection of woman-identifying Participant sociocultural influences and desire to be a healer influencing career path
- Culture of silence/survivorship
- Survivor shaming: disclosing trauma may become scapegoat
- Awareness of other's comfort level with Participant disclosure
- Experiencing microaggressions/othering related to trauma

Educator behaviors

Effective/positively received behaviors

- Positive experience advocating for needs with supervisor
- Positive supervision experience encourages more help-seeking behavior
 - Importance of safe relationship w/ educator to broach history
 - Educator-normalization of reprocessing and reintegration
 - Educator encouraging self-reflection
 - Educator setting clear, non-shaming boundaries for participant
 - Educator providing activity for self-reflection and growth

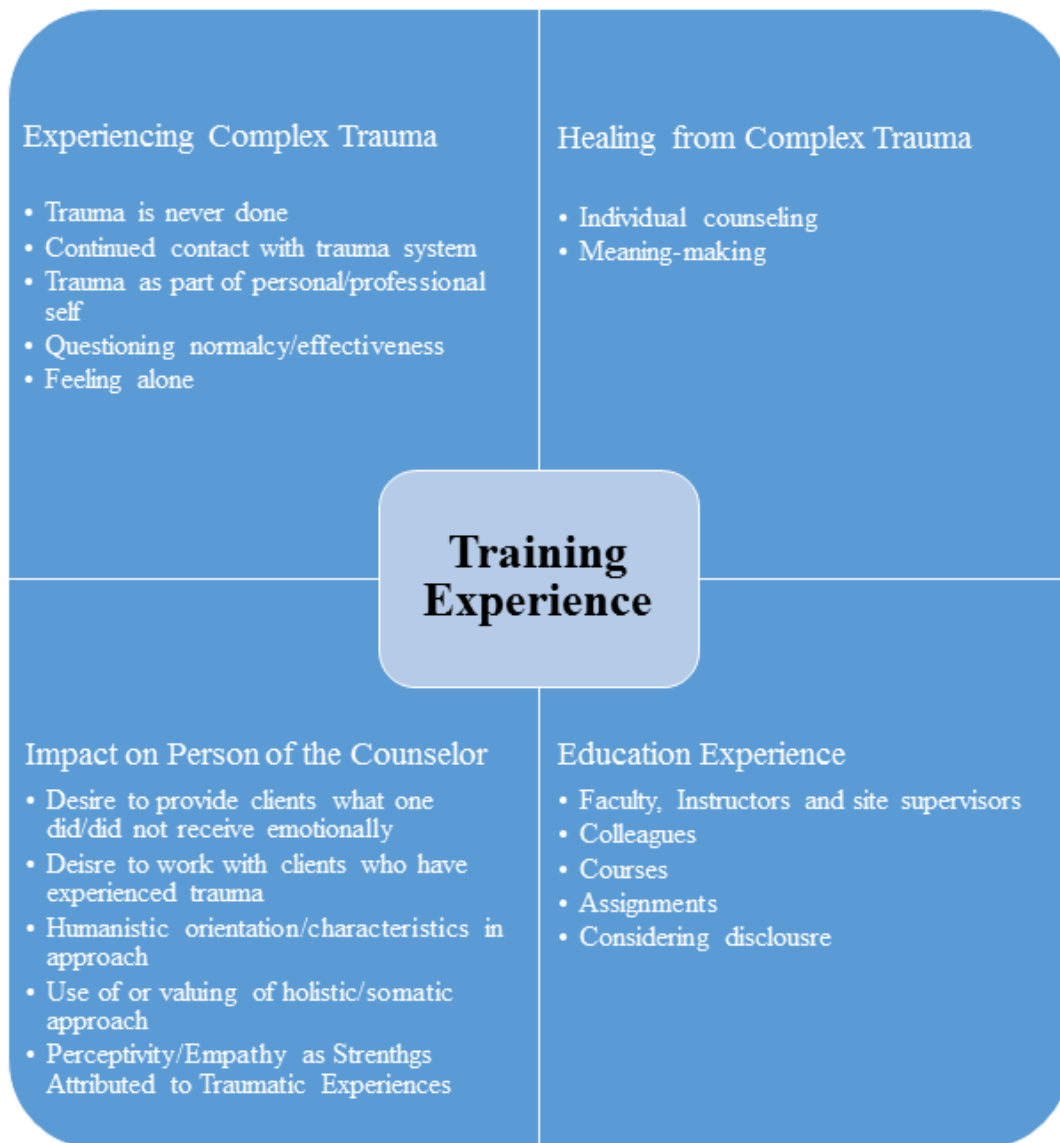
Ineffective/negatively received behaviors

- Educator attempt to restrict trauma conversation to personal counseling/ remove from training environment
- Self-advocacy rejected by educator influences negative dynamic
- Educator countertransference toward CIT
- Incongruence between counselor 'preferred' dispositions and those modeled in training environment
- Educator limitation of addressing trauma due to unclear boundaries in CES
- Incongruence: Expectation of trainees to navigate unclear boundaries/perceived avoidance of navigation by educators
- Absence of educator presence/support
- Failure of educator to model effective communication in CES
- Failure of educator to model empathy and understanding for trauma related behaviors

Interview Process

Desire for connection with other individuals navigating history of trauma
Participant interest in research outcomes/experiences of others
Safety/connection with researcher as CT survivor
Participant acknowledgement of research as personally helpful
Appreciation for research being conducted
Acknowledgement of importance of research to participant
Sandtray as helpful/effective for research interview

APPENDIX J
FINAL THEMES



APPENDIX K
AUDITOR-SUGGESTED CHANGES

After the codebook was created with the feedback of the assistant coder and auditor, the author was asked to review subsequent coding on all transcriptions and provide further feedback. While the auditor's feedback on all coding was integrated, in this document, only the corrections that apply to the final themes are presented. Here is the list of the statements that he believed needed coding with the code he identified in parentheses next to each quote.

Penelope Transcript

"But, um, I also feel like there's sort of this idea that you can be ready for something-that's false (laughing)." (Trauma is never done)

"Because I think this program has been a huge part of my process. And has brought um, language to things that I didn't have language for, and research to things that it's like, 'Wow! That's a super common experience!' or, 'That is really super traumatizing!' and my reactions to that are within the normal, you know, sphere of reaction, so." (Questioning normalcy/effectiveness)

"Yes. But up to now we've all been expected to figure out how to function in socially appropriate ways regardless of your natural functioning. Otherwise you're weird (laughing). You know?" (Questioning normalcy/effectiveness)

Katie Interview Transcript

"Yeah. I think it's important to me, 'cause it is such a big thing. And like even though it's gated, it's still like a component to the whole scene. And I think I would have made it smaller if I was trying to be like, 'Oh part of me!' You know." (Trauma is never done)

Grace Interview Transcript

"And I understand there's like reasons for it being there, and also like I don't want to get people involved that don't need to be involved." (Considering disclosure-Title IX Considerations)

"Um, it has come up, yeah. Where I definitely have been like, I would like to include this piece but I can't so I'm going to talk about something else" (Desire to Disclose)

"Yeah! So, I think, I mean so, how do I say this? I was struggling for a minute there, like, a couple months ago. Like, it was coming up, and it was coming at me hard. Like the PTSD stuff, and I thought about taking a break from school because it was just too much." (Trauma is never done)

Hallie Interview Transcript

"Yeah, one of my classes, for diagnosis, there's a (removed to protect anonymity), that teaches the diagnosis class. And so the first day, (removed to protect anonymity) so the first class we role-played so everyone has to be a counselor or client or the peanut gallery, and you can be like, 'Hey, lifeline! What are they pretending to have?' And so they demonstrated that day one, and the diagnosis that they were demonstrating was (removed to protect anonymity) and it was actually real. And I think for me, that was the

first time, that would have been my...first year, second semester. I was like, 'Oh, they're people too! And they just kind of have (removed to protect anonymity) and they kind of show it all, but to show us, like, the IMAGO day, and the grace, and also the redemption, right? That was crazy like, it's all still happening, and they're still a counselor (removed to protect anonymity) And that was probably the first time, I was like, 'I can't believe they just did that in front of forty of us!' They just got to know us."

(Faculty/Instructors/Site Supervisors: Educator Effective Experiences)

"And I guess if I looked in the last year, it's still fuzzy what the boundary is. Like, am I allowed to tell you my story, so you know why I'm getting up in class? Or is it enough to just say like, 'Hey, sometimes I get triggered.' But is that like, frowned upon?"

(Considering Disclosure: Fear of evaluation/judgement)